

# Public Document Pack



## Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

**Email:** Andrea.Todd@northumberland.gov.uk

**Tel direct:** 01670 622606

**Date:** 20 August 2021

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held on **TUESDAY, 31 AUGUST 2021** at **1.00 PM.** in **NEW** meeting space, **Block 1**, Floor 2 at County Hall, Morpeth, Northumberland NE61 2EF.

Yours faithfully

Daljit Lally  
Chief Executive

**To Health and Wellbeing OSC members as follows:-**

**J Reid (Chair), K Nisbet (Vice-Chair), L Bowman, R Dodd, D Ferguson, G Hill, C Homer, C Humphrey, I Hunter and R Wilczek**

**Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>**

**Members are referred to the risk assessment, previously circulated, for meetings held in County Hall. Masks should be worn when moving around but can be removed when seated, social distancing should be maintained, hand sanitiser used regularly and members are requested to self-test twice a week at home, in line with government guidelines.**



**Daljit Lally, Chief Executive**  
County Hall, Morpeth, Northumberland, NE61 2EF  
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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  
- 12)

Minutes of the following meetings of the Health & Wellbeing Overview & Scrutiny Committee, as circulated, to be confirmed as a true record and signed by the Chair:

- a) 26 July 2021
- b) 2 August 2021

**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 Monitoring Officer at [monitoringofficer@northumberland.gov.uk](mailto:monitoringofficer@northumberland.gov.uk). Please refer to the guidance on disclosures at the rear of this Agenda letter.

**4. FORWARD PLAN**

(Pages  
13 - 16)

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

**5. COVID-19 UPDATE: PUBLIC HEALTH/CCG**

To receive an update on the latest COVID-19 figures and Public Health Strategies.

**6. NORTHUMBERLAND RECOVERY OF GENERAL PRACTICE - COVID-19 2021/22**

(Pages  
17 - 28)

To receive a presentation from Pamela Phelps, Senior Head of Commissioning for Primary Care.

**7. COMPLAINTS ANNUAL REPORT 2020/2021 - ADULT SOCIAL CARE, CHILDREN'S SOCIAL CARE, AND CONTINUING HEALTH CARE**

(Pages  
29 - 70)

## **SERVICES**

To receive an annual report on complaints and lessons learnt within Adult's social care. Committee to consider part one of the report only and to identify any further areas for scrutiny.

### **REPORT OF THE SCRUTINY OFFICER**

#### **8. HEALTH AND WELLBEING OSC WORK PROGRAMME**

(Pages  
71 - 78)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2021/22.

#### **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 meeting is scheduled for Tuesday, 5 October 2021 at 10.00 a.m., venue to be confirmed.

**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.

<b>Name (please print):</b>
<b>Meeting:</b>
<b>Date:</b>
<b>Item to which your interest relates:</b>
<b>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):</b>
<b>Nature of Non-registerable Personal Interest (please give details):</b>
<b>Are you intending to withdraw from the meeting?</b>

**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 purpose 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, 26 July 2021 at 10.00 am

#### PRESENT

Councillor J. Reid  
(Chair, in the Chair)

#### COUNCILLORS

Bowman, L.	Homer, C.R.
Dodd, R.R.	Hunter, I.
Ferguson, D.	Nisbet, K.
Hill, G.	Wilczek, R.

#### OTHER MEMBERS

Pattison W.	Cabinet Member
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#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bartoli, B.	Northumbria Healthcare NHS Foundation Trust
Bennett, Mrs L.M	Senior Democratic Services Officer
Kale, Dr. K.	CNTW
Lea, David	Northumberland CCG
Nugent, D.	Healthwatch Northumberland
O'Brien, K	Northumberland CCG
Patton, R.	CNTW
Quinn, L.	CNTW
Wigham, R.	Northumbria NHS Foundation Trust

#### 12. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor C. Humphrey.

#### 13. MINUTES

**RESOLVED** that the minutes of Health and Wellbeing Overview and Scrutiny Committee meeting held on 15 June 2021, be approved as a correct record and signed by the Chair.

## 14. FORWARD PLAN

A latest Forward Plan of key decisions (attached to the signed minutes) was received.

**RESOLVED** that the information be noted.

## REPORTS FOR CONSIDERATION BY SCRUTINY

### 15. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST AND NORTHUMBERLAND CCG – COVID RECOVERY

Members received presentations from David Lea, Northumberland CCG and Birju Bartoli, Northumbria Healthcare NHS Foundation Trust.

Points raised by David Lea included:-

- Urgent Care – Accident and Emergency
  - Northumbria Healthcare figures compared with Newcastle Hospitals and England and showed a consistently strong local performance.
  - Recovery performance improving despite increases in patient volume.
- Acuity of Accident and Emergency Patients
  - The continued increase in the level of Type 1 patients (with life threatening conditions) month on month was concerning.
- Planned Care – Referral to Treatment Waiting Lists
  - Patients should be seen within 18 weeks of referral but COVID had impacted waiting times due to social distancing and PPE requirements.
  - Some planned routine procedures were suspended following a national directive with some specialties being impacted more. Other services had improved due to different pathways being used.
- Waiting List Profile
  - Recovery of performance against waiting time threshold was now being seen although there had been a rise in the volume of patients on the waiting lists.
  - Again, Northumberland patients, on average, waited less time than the overall England position.
  - Maximum waiting time peaked in May 2020 but were now reducing.
  - Figures shown for diagnostic tests with a peak in May 2020 followed by recovery. 99% of patients should be referred within six weeks.
- Mental Health Overview – Children and Young People’s Service (CYPS)
  - Northumberland had a consistently strong performance with a slight deterioration from January 2021. Breaches were due to children not being available for appointment and a significant increase in the volume of the referrals.
  - Most children waited no longer than 10 weeks and none longer than 14 weeks.
- Improving Access to Psychological Therapies
  - A strong recovery rate was shown for those receiving treatment. There was a much lower volume of referrals being received into the service.

Points raised by Biriju Bartoli included:-

- Emergency Department
  - Patients were expected to be seen, treated and admitted/discharged within four hours and this target had been consistently achieved other than in January 2021.
  - Attendances decreased significantly between March-June 2020 but had steadily risen in the first quarter of 2021. Attendances were now back to pre-COVID levels.
- Referral to Treatment (RTT)
  - 92% of referrals should be seen, treated or discharged within 18 weeks. Elective services resumed in August 2021 and it was aimed to meet the 92% standard by October 2021.
  - Waiting list and health inequalities and clinical prioritisation lens to ensure no-one is waiting detriment to those measures.
- RTT – 52+ Week Waiters
  - It was practice to ensure that patients were seen in chronological order where possible but clinical priorities had to take precedence.
- Cancer – 62 Day Standard
  - Cancer performance had been maintained throughout COVID. It had been difficult to maintain that standard during June and July 2021 due to an increase in some types of referral, possibly due to people not presenting due to the COVID situation.
  - Some referrals came from outside the normal catchment area, possibly because the Trust was meeting the standards.
- Diagnostics
  - The standard was for 99% of patients referred for a diagnostic test to be seen within six weeks. In July 2021, the Trust had struggled to meet this standard but plans were in place to meet the standard.
- Summary
  - The Trust along with others was struggling to meet standards in July due to the increase in COVID numbers but also because of staff being ‘pinged’ and household contacts testing positive.
  - Balance to be found between waiting lists and track and trace requirements and increasing capacity in system whilst allowing staff to have some down time.
  - The Trust had a strong history of delivering performance targets and had a recovery programme across all disciplines. Improvements were already being seen.

The following comments were made in response to queries and comments from Members:-

- Anyone with a suspicion of cancer was referred by GP on a two week wait basis and most were seen within seven days. If there was concern following this referral, then the patient would join the cancer pathway and would be prioritised and seen more quickly within the standard 62 day period.
- Whilst statistics were important, information was also gathered by other methods such as patient experience surveys during and post treatment, national surveys, serious incidents etc.

- Patient waits of over 52 weeks were reported to the Safety and Quality Committee. For cancer, patients waiting over 104 days were reported to understand why and whether any harm had been caused.
- Mental health services relied on self referrals. There had been a reluctance for people to seek help during the pandemic. Also during the school holidays people had less access to privacy in their homes and were less likely to go forward with the service. In Emergency Departments there were more mental health, alcohol and drug cases in generally younger people. Some people were attending Emergency Departments rather than going to their GP as they knew that they would be seen that day. Activity did change throughout the pandemic in line with peoples' expectations.
- There had been a change in Emergency Department attendance during the height of the pandemic but it was uncertain whether this was due to people not going out to socialise or if they were too frightened to. It was most likely that they were too afraid to go to hospital in case they became infected. This fear had now disappeared.
- The 62 day cancer target was a good one and meaningful to clinicians. Other targets were also appropriate, and it had been shown that they could be met. Confirmation of the new Emergency Department standard was awaited. The current four hour standard allowed management of crowding to prevent the Department from becoming unsafe.
- The figures provided in the presentation referred to all activity relating to Northumberland patients irrespective of whether they attended a Newcastle hospital.
- There were a number of mental health pathways in Northumberland for children and young people starting with the Early Health offer in schools.
- Cancer treatment was usually chemotherapy, hormone treatment or surgery and this treatment was prioritised. Colorectal treatment was done at Northumbria as the critical care unit was there. Additional surgical lists were being created and would have priority over other surgery lists.
- Spinal work/surgery was a particular problem area for the Trust. One of the presentation slides showed a breakdown of waiting list by speciality. The longest waits were for the Ophthalmology Service, however, there were assurances that these patients' case notes were reviewed on a regular basis and they were lower risk patients. The volume of those waiting was reducing month on month.

The Chair thanked David Lea and Birju Bartoli for their presentation and attendance at the meeting.

**RESOLVED** that the presentation be noted.

## **16. COMMUNITY MENTAL HEALTH TRANSFORMATION – CNTW**

To receive a presentation from Russell Patton, Deputy Chief Operating Officer, CNTW, Dr. Keda Kale, CNTW, and Kate O'Brien, Senior Head of Commissioning, Northumberland CCG.

Points raised included:-

- New additional funding (£750,000, £1.2 million then £2.25 million over the next three years) had been approved for the next three years for community mental health

which would flow to local systems primary care and community hubs, to recruit new staff and to commission new VCSE services.

- **Key Deliverables Long Term Plan** were:-
  - Core Model – community based offer redesigning community mental health services in and around Primary Care Network. A recovery college had been launched mental health voluntary care organisations would be together under one roof and be able to engage in courses and with opportunities in their own area.
  - Dedicated Focus – Improving access and treatment for adults and older adults with ‘personality disorder’ diagnosis in need of mental health rehabilitation and eating disorders. These pathways accounted for most of the deaths in mental health services.
  - Physical Health – increasing numbers of those with serious mental illness who received a physical health check.
  - Individual Placement Support – help for those with mental health illness to stay at work or find employment.
  - Early Intervention in Psychosis – identification of young people who were vulnerable to developing serious mental illness.
- The transformation plan looked at the area’s priorities, how to deliver them in partnership with the Council and local mental health providers and other providers around the mental health pathways. Joint Strategic Needs had been looked at along with local pathways, the understanding of CMHT, different ways of funding. Northumberland’s geographical differences to other partners were significant. Shared priorities had been agreed along with looking at different ways of doing things such as collaboration and integration.
- Bids for additional funding had been successfully made to improve community mental health and access pathways. Members were informed of a number of initiatives across the county..
- **New Roles and Integrated Posts** - Funding had been secured for allow the appointment of one post per year for each primary care network with under 100,000 population for the next three years. For CNTW this could equate to 110 posts, however, there was the challenge of where these staff could be found and encouraging them to move to the area.
- The CCG and County Council were working at ‘place’ and collaboration was at the heart of everything. Joint working and management was being discussed along with the possibility of formal partnerships. Secondment arrangements were being used where appropriate.
- **Community Model Principles** – Dr. Keda Kale explained that following the publication of the Long Term Plan, the Community Mental Health Framework for Adults and Older Adults had also been published outlining the key principles and what the Trust wanted to transform. The model of care used in Trieste, Italy, had been widely studied and its themes were the same or similar to those in CNTW’s framework
- **Conclusion** – the full impact of COVID was yet to be understood but Northumberland had pulled together to maintain services, transform delivery and commission new services to meet new demands. The community transformation programme was well underway. The Recovery College and wider wellbeing network was an essential building block.

The following comments were made in response to queries and comments from Members:-

- The Recovery College was in two parts; an online digital format rather than a physical building to allow access from all over the county and it was planned to go live later in the month. It would offer opportunities to join classes, courses and education. Courses would link in with other VCS opportunities. Discussions were underway regarding the possibility of physical hubs in the county or a roving model for the more rural areas. Working in Northumberland was a challenge but also allowed for creativity.
- The Trust recognised that it needed to work with the Local Authorities in the North East to encourage potential staff to come and work in the area.
- Healthwatch had been very involved in the creation of the Recovery College and it was known that Northumberland residents were in favour of a community based mental health service. The community and voluntary sector involvement would be what made the initiative succeed. Any member who was aware of a local community organisation was encouraged to link them into the Recovery College.
- The Long Term Plan was clear about targets for dealing with patients. There was more flexibility with the community mental health framework and transformation and, in some instances, it could be difficult to wrap a metric round. Service user outcomes were just as important.
- The newly created posts would act as a conduit between primary and secondary care and that it would be a smooth transition enabling the experts to come to the patient.
- Good, robust medication regimes worked well, however, medication was not necessary for all patients. Issues often resulted from non-compliance with prescribed medication.
- It was acknowledged that it was important to listen, learn and make changes to services where appropriate. Regarding hospital beds, the acuity level and increased significantly over the last 12 months. Beds were available in other parts of the organisation should none be available within Northumberland at a particular time.
- The crisis service operated 24/7. Everything would be done to enable a patient to be moved into an appropriate setting as quickly as possible.
- The CNTW was an honest, open and frank organisation and it was always willing to make any changes found to be necessary.
- CNTW was part of the Systems Transformation Board (STB) along with the Northumbria Healthcare Trust and CCG. Issues such as the recruitment to the new posts was also considered by the STB.
- Directories of services were being updated and would be available for use by the Recovery College.
- There would be a communications plan for 'Open Minds Northumberland' which would launch later in August 2021. Further information would be made available in the forthcoming Members' briefing.

The Chair thanked Russell Patton, Dr. Keda Kale and Kate O'Brien

## **17. CNTW QUALITY ACCOUNTS**

Members received a presentation from Lisa Quinn, Executive Director of Commissioning & Quality Assurance, CNTW.

Points raised by Lisa Quinn included:-

- The Quality Accounts had been published on 30 June 2021.
- The quality priorities during 2020-21 would remain in the current year. These priorities were:-
  - **Keeping you safe** and improving the inpatient experience. There had been increased emphasis on treating people locally. Whilst some services were asked to stand down during COVID, mental health services were asked to keep running.
  - **Working with you, your carers and your family to support your journey** – Access standards had been maintained throughout the pandemic. The 18 week standard did not apply to mental health services, however, CNTW did apply it.
  - **Clinical effectiveness** – training had taken place throughout the pandemic on equality, diversity, inclusion and human rights. Children and young people were increasingly accessing the service.
- Updating on points raised last year included
  - An update on the CEDAR project in January 2021.
  - Reduction in CYPS waiting times.
  - Equality and Diversity masterclasses had been delivered and staff networks developed.
  - There had been no out of area bed days since November 2020.
- In determining quality priorities for 2021-22, previous quality priorities had been reviewed, partnership with Tees, Esk & Wear Valleys NHS foundation Trust had been explored and two stakeholder events and an online survey had been held, both with high engagement levels.
- Quality Priorities for 2021/22 were:-
  - Improving the inpatient experience – monitoring inappropriate out of area treatment days.
  - Service user and carer experience – improving waiting times.
  - Clinical effectiveness – equality, diversity and inclusion.
  - Service user and carer experience – patient care, focusing on time staff were able to spend with service users and carers.

The following comments were made in response to queries and comments from Members:-

- During COVID there had been an increase in take up of the service by the 18-24 age group as there was more access to virtual and online and people engaged more. These options would remain available, however, face to face services were still available.
- Tees, Esk and Wear Valley was the closest large mental health organisation that CNTW worked with and some in patient services were shared such as the children's in patient services at Prudhoe. The area being explored between the two Trusts was transitions for children and into adulthood and mainstream local services into specialised services such as eating disorders. A provider collaboration had been formed. This had not been set as a priority to report on publicly.
- Previously, the in patient facility for young people with an eating disorder was provided at Middlesbrough. Through provider collaboration that care was now provided more locally at Prudhoe or in paediatrics in hospital.

The Chair thanked Lisa Quinn for her presentation and attendance at the meeting.

**RESOLVED** that the presentation be noted.

## **18. WORK PROGRAMME**

Members considered the work programme/monitoring report for the Health and Wellbeing OSC for 2021/22.

It was requested that palliative care be added to the work programme for a future meeting.

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

## **19. NEXT MEETING**

The next meeting would take place on Monday, 2 August 2021 at 1:00 p.m. at the Holiday Inn, Seaton Burn.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

## 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 August 2021 at 1.00 pm

#### PRESENT

Councillor J. Reid  
(Chair, in the Chair)

#### COUNCILLORS

Bowman, L.	Humphrey, C.
Dodd, R.R.	Hunter, I.
Ferguson, D.	Nisbet, K.
Hill, G.	Wilczek, R.
Homer, C.R.	

#### CABINET MEMBERS

Pattison W.	Cabinet Member
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#### OTHER MEMBERS

Bawn, D.	Oliver, N.
Jackson, P.	Taylor, C.
Morphet, N.	

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bennett, L.M	Senior Democratic Services Officer
Lally, D	Chief Executive
McEvoy-Carr, C	Executive Director of Adult Social Care and Children's Services
Morgan, L.	Director of Public Health
Taylor, M.	Director of Business Development

#### 20. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors M. Murphy and A. Wallace.

#### REPORTS FOR CONSIDERATION BY SCRUTINY

#### REPORTS OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

## 21. DISSOLUTION OF THE COUNCIL'S PARTNERSHIP WITH NORTHUMBRIA HEALTHCARE

Members received information and a presentation about the planning taking place for adult social care and public health services affected by the decision of Northumbria Healthcare NHS Foundation Trust to terminate the partnership between the Trust and the Council which had been in place since 2011, and about the proposed future model for these services.

The Chair informed the Committee that the dissolution of the Partnership item was a pre-scrutiny item and the reports would be considered by the Cabinet on 3 August 2021. It was noted that members of all the Council's Scrutiny Committees had been invited to attend as it was felt that this matter raised issues which were within the terms of reference of each of the Scrutiny Committees.

Daljit Lally, Chief Executive, and Cath McEvoy-Carr, Executive Director of Adult Social Care and Children's Services, introduced the report and presentation. Daljit Lally outlined the history behind the arrangements which had been in place for approximately 20 years. A review of the arrangements had been undertaken during 2020/2021 and it had become clear that it would not be possible to overcome the significant differences between the two organisations and the agreement would end in September 2021. It was stressed that the dissolution of the Partnership was not the outcome that the Council had sought on initiating the review. The differences between the two organisations included HR issues such as terms and conditions, policies and procedures; and cultural, governance and accountability arrangements. There were no concerns over the delivery of services or safety and security of care provided. An expanded partnership model, Northumberland Care Services Together (CaST) reporting to both organisations had been proposed in 2020 but was not supported by the Northumbria Trust. The Trust had indicated that it may continue to host as an employer to adult social care staff, however, legal advice to the Council was that this would not be lawful.

Cath McEvoy-Carr highlighted the new service models for supporting adults with long-term care and support needs. The following services were included within the current Partnership arrangement and revised arrangements were being put in place:-

- Adult Social Care Services
- Hospital Discharge and Reablement Service
- NHS Continuing Health Care
- Learning Disability Community Nurses
- Nursing Staff in directly Provided Care Services
- The Joint Equipment Loan Service
- The Integrated Wellbeing Service
- The 0-19 Public Health Service

Members were strongly of the opinion that they wished to understand more clearly the reasons why the Northumbria Trust had decided to bring the Partnership to an end. The Chair stressed that the meeting was being held to discuss the new arrangements being put in place going forward and not the reasons why the Trust had decided to withdraw. There were also concerns about the potential practical and financial impact of the changes

and reassurances sought that the transferring staff would not be disadvantaged. Members were informed that the first priority was to ensure that all the services were unaffected by the changes. There would be some additional costs but the figure was not known yet. There would also be no detriment to any member of staff although some individual issues around TUPE were to be resolved and discussions in this regard were ongoing. This was not a cost saving exercise. It was added that the Council would now have the opportunity to work more closely with other organisations such as CNTW and Northumberland Communities Together to further enhance the current provisions to support vulnerable residents.

The Chief Executive stressed that nothing could be done about the Northumbria Trust's decision but that the Council now had endless opportunities to re-focus on and deliver localised community based services and services would be provided by the same people. The services had been well provided over the last 15 years and would continue to be delivered to Northumberland residents.

**RESOLVED** that

- (1) the report be received and
- (2) that the Cabinet be informed that the Committee supported the recommendations contained in the report and hoped that the changes would support the advancement of social care and drive further improvement for the residents of Northumberland.
- (3) an update be provided in early 2022 along with complete and detailed financial information to allow Members to fully understand all the implications arising from the changes.

## **22. PROPOSED PARTNERSHIP FOR 0-19 PUBLIC HEALTH SERVICES – CONSULTATION**

Members were invited to comment on a consultation currently taking place about a proposed partnership between the Council and Harrogate and District NHS Foundation Trust (HDFT), under which HDFT would deliver health visiting and school nursing services.

Cath McEvoy-Carr reported that the 0-19 Public Health Service became part of the partnership with Northumbria Healthcare Trust in 2018. However, whilst the Trust had recently indicated that it would want to continue to provide this service, it was clear that the two organisations had differing views as to how partnerships should operate and the kind of management and decision making arrangements which would best support the joint development of services.

Harrogate and District NHS Foundation Trust (HDFT) had been identified as a suitable provider for this service. A consultation was underway and comments should be received by 16 August 2021. Several staff events had been held and officers had met with the LMC, a small group of paediatricians and a group of health visitors and school nurses. Further details and FAQs were on the County Council's website and there was an opportunity to comment via that route. Questions from staff were being received regularly and the answers to those questions would be added to the FAQs.

The HDFT provided services to a number of other Local Authorities and the feedback from these Local Authorities had been taken into consideration in recommending the partnership. The HDFT was the preferred partner as it offered the required skills and expertise. The delivery of local services would be by the same staff as currently. The Director of Public Health reported that the operational management would remain as at present but be accountable to the Director of Nursing at HDFT. Other support such as IT and HR services would be provided by locally recruited staff. The partnership would offer an opportunity to take a strategic view of integration over a range of areas including schools and Early Years. It was noted that staff would be transferring from one NHS organisation to another and so the financial situation was simpler than that for the Health and Social Care staff transfer from the Northumbria Trust to the County Council.

**RESOLVED** that

- (1) The report be received.
- (2) A review be carried out in six to nine months.

### **23. NEXT MEETING**

The next meeting would take place on Tuesday, 31 August 2021 at 1:00 p.m. at County Hall, Morpeth.

**CHAIR** \_\_\_\_\_

**DATE** \_\_\_\_\_

## Forward Plan

### FORTHCOMING CABINET DECISIONS AUGUST TO NOVEMBER 2021

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p><b>Dissolution of the Council's Partnership with Northumbria Healthcare</b></p> <p>To provide information about the planning taking place for adult social care and public health services affected by the decision of Northumbria Healthcare NHS Foundation Trust to terminate the partnership between the Trust and the Council which has been in place since 2011, and about the proposed future model for these services.</p> <p>W. Pattison/C. McEvoy-Carr – 01670 623958</p>	H&WB 2 August 2021	3 August 2021
<p><b>Northumberland Enterprise Holdings Limited</b></p> <p>The purpose of this report is to provide a summary of the position of Northumberland Enterprise Holdings Ltd and its initial subsidiary company Northumberland Integrated Consultancy Limited, authorise actions required to execute the Council approved acquisition of shares in NEHL, highlight areas where decisions or other approvals are needed and make mention of proposals for further associated subsidiary companies (<b>Confidential report</b>)</p> <p>(G. Sanderson/R. Wearmouth/D. Lally/J. Willis/M. Taylor – 01670 622669)</p>	CSEG 2 August 2021	3 August 2021

<p><b>Transfer of redundant public toilet to Newbiggin Town Council</b></p> <p>To seek a resolution on the recommendation of the Local Area Council in response to a petition on the proposed transfer of a redundant public toilet building to Newbiggin Town Council (J. Riddle/G. Gavin – 07500127242)</p>	N/A	7 September 2021
<p><b>Draft Private Housing Sector Strategy 2020-23</b></p> <p>The report provides Members with the draft Private Sector Housing Strategy 2020-2023 for review and agreement. (C. Horncastle/ J. Stewart 01670 623076 / 07771 974 112)</p>	C&P 4 August 2021	7 September 2021
<p><b>Enterprise Zone – NEP1 – Investor Proposal</b></p> <p>The purpose of this report is to enable the Cabinet to make a decision in respect of entering into the proposed project with Investor A which includes the significant inward investment and entering into a long term strategic partnership. (Cllr W. Ploszaj/C. Johns-McLeod – 01670 623875)</p>		7 September 2021
<p><b>Energising Blyth Programme (Energy Central Campus)</b></p> <p>This report seeks to update Cabinet and seek key decisions regarding arrangements to support the development and establishment of the Energy Central Campus. This project is one of the priority schemes in the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj /R. Strettle – 07770642773)</p>		7 September 2021
<b>The Northumberland Line</b>	CSEG 6 September 2021	7 September 2021

<p>To provide members with an update on the scheme development and approvals process for the Northumberland Line project. Members will be asked to confirm elements of project scope and the anticipated spend profile (inc. NCC and external funding). (W. Ploszaj / Stuart McNaughton - 07827 873139)</p>		
<p><b>Seaton Valley Neighbourhood Plan</b> To seek approval to formally 'make' the Seaton Valley Neighbourhood Plan. The Plan passed independent examination in May 2021. A local referendum held in the Parish of Seaton Valley on 29 July 2021 returned a majority vote in favour of using the Plan to make decisions on planning applications. The Council is now obliged by statute to make the Neighbourhood Plan unless it considers that doing so would breach European Union obligations. (C. Horncastle/S. Branningan – 107966 335508)</p>	N/A	7 September 2021
<p><b>Approval of the Council Tax Support Scheme for 2022/23</b>  Since 1 April 2013 the Council is required to have its own council tax support scheme to provide assistance to council tax payers on low incomes. The scheme needs to be approved annually and assistance is by way or a reduction in the amount of council tax that is due.  The Council Tax Support Scheme needs County Council approval. (R. Wearmouth/G. Barnes 624351)</p>	CSEG 11 October 2021	12 October 2021 Council 3 November 2021
<p><b>Approval of the Council Tax Base 2022/23</b></p>	CSEG 6 December 2021	7 December 2021

<p>The Council is required to set its council tax base annually. The tax base must be set between the 1st of December and 31st January. The tax base is a measure of the Council's taxable capacity which is used for the setting of its council tax. Legislation sets out the formula for calculation.</p>		
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Cabinet has delegated authority to approve the tax base.  
(R. Wearmouth/G. Barnes 624351)

# Northumberland Recovery of General Practice COVID-19 2021/22

**Pamela Phelps, Senior Head of Commissioning for Primary Care**  
**Update to Northumberland overview and scrutiny committee**  
**31 August 2021**



# Prioritisation during pandemic

COVID Capacity Expansion Programme

Increase GP capacity

Oximetry@home

Supporting patients with Long COVID

Supporting clinically extremely vulnerable

Chronic disease management and routine vaccs and imms

LD / SMI Health Checks

Supporting and maintaining the general practice workforce

COVID vaccination

Infection Prevention Control and Social Distancing

Access to Primary Care

# Recovery of General Practice

Page 19

Maintain:

COVID Vaccine Programme  
Potential Autumn Booster

PCN High Level Recovery Plans

- overview
- monitoring sustainability

CCG monitor progress and performance against key areas – practice level

- identify impact on practices

Access to general practice – patient experience

Expanding capacity programme

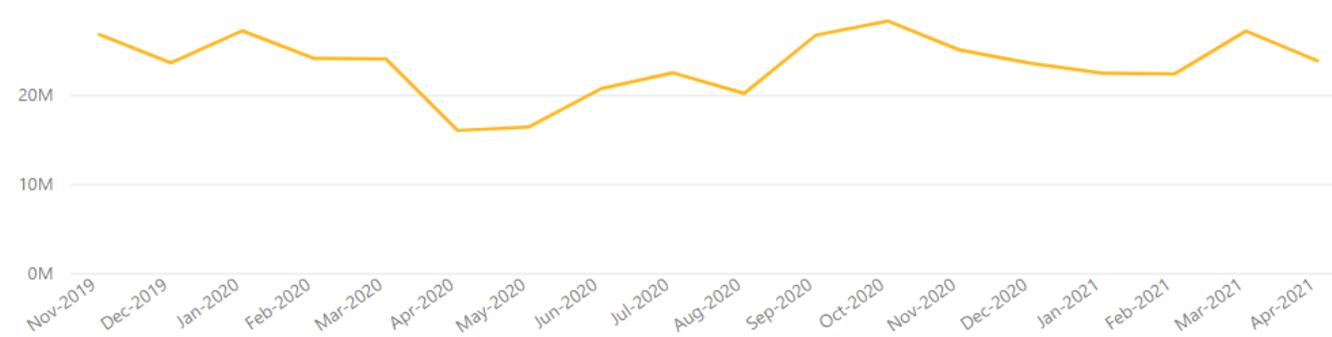
# Monitoring

- Sustainability Visits – Practice > PCN
- Improving Access – Patient experience and practice plans
- Performance measures
  - New GP appointment capture
  - SMI and LD Health Checks
  - Chronic disease management – QoF (annual programme)
  - Oximetry@home / Long COVID – new Directed Enhanced Service 2021/22

Aligns to CCG overall system performance monitoring

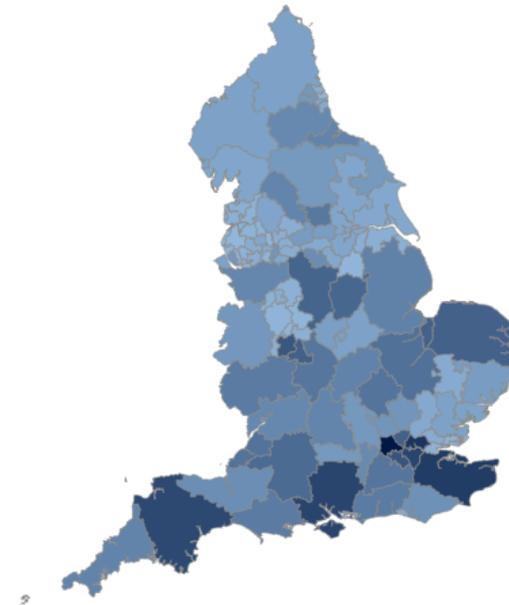
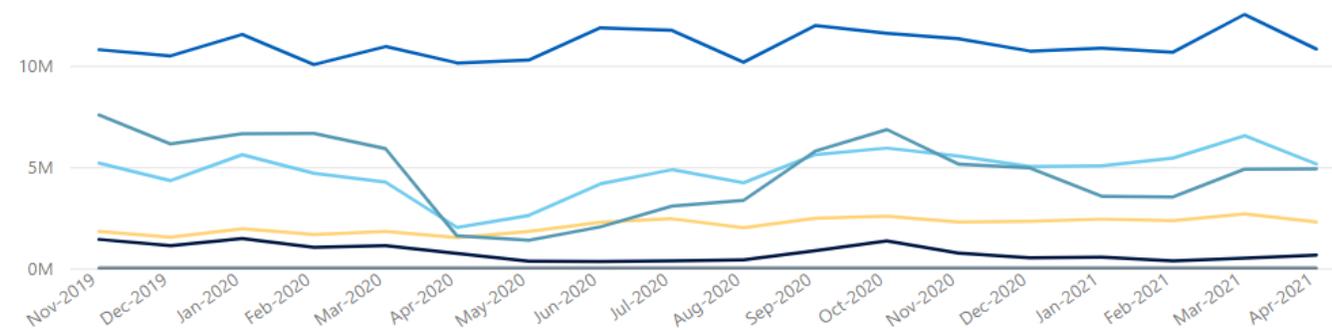
# GP Appointment data – National picture

Number of Appointments, by Month



Number of appointments, by Time between booking and appointment

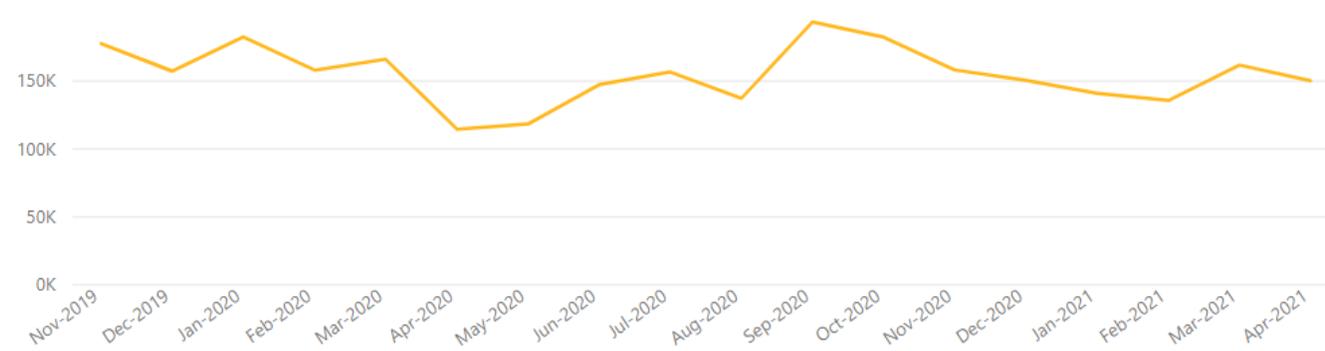
Book-Appt Time ● Same Day ● 1 Day ● 2 to 7 Days ● 8 to 28 Days ● More than 28 Days ● Unknown / Data Issue



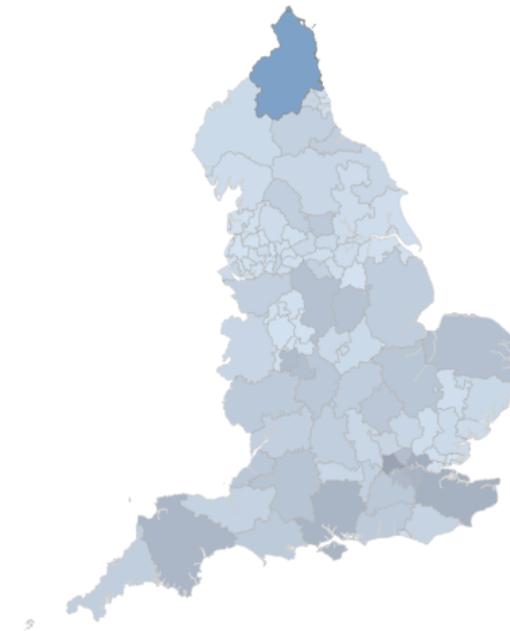
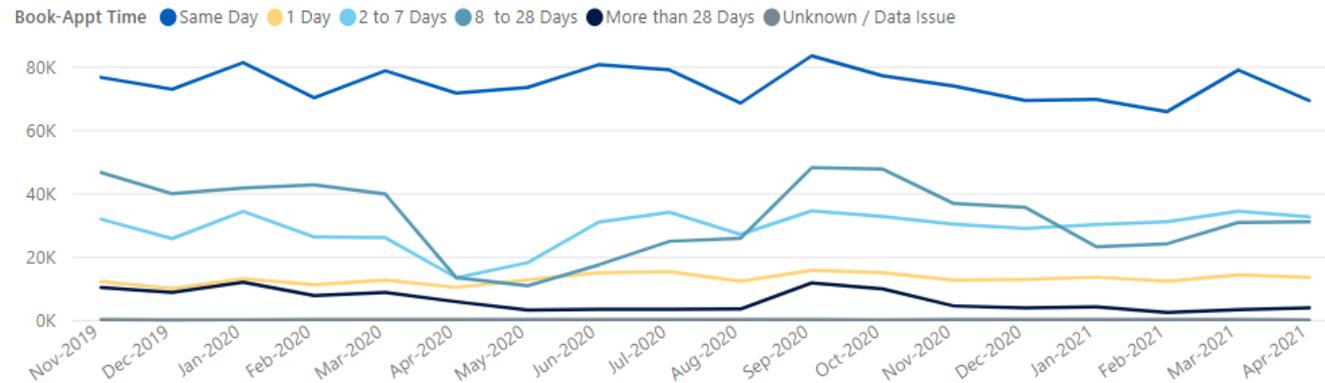
The outbreak of Coronavirus has led to unprecedented changes in the work and behaviour of General Practices and subsequently the GP appointments data. The variation in approach to appointment management between practices is likely to be greater than usual and as a result data quality will be impacted. See the main publication for further information.

# GP Appointment data – Northumberland

Number of Appointments, by Month



Number of appointments, by Time between booking and appointment



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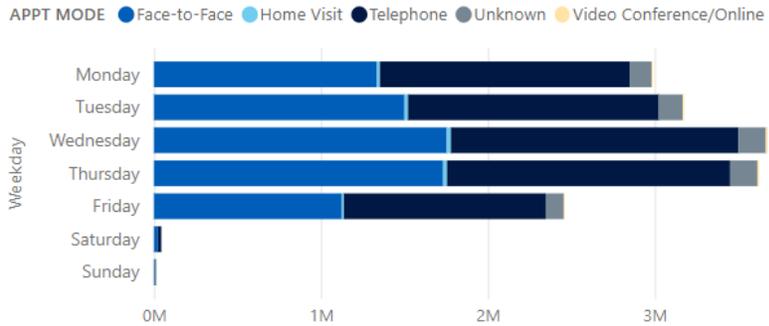
# GP Appointment data – Appointment type (national April 2020)

Month - Year: Apr-2020 | Select Region: All | Select STP: All

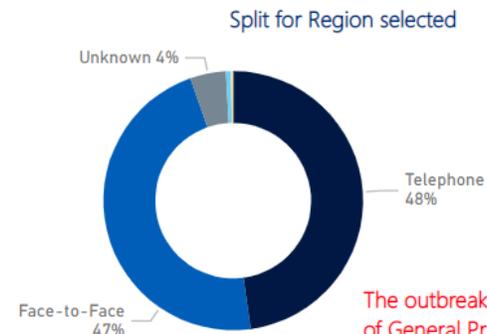
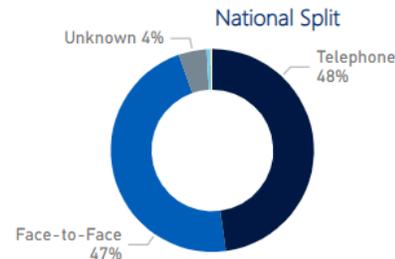
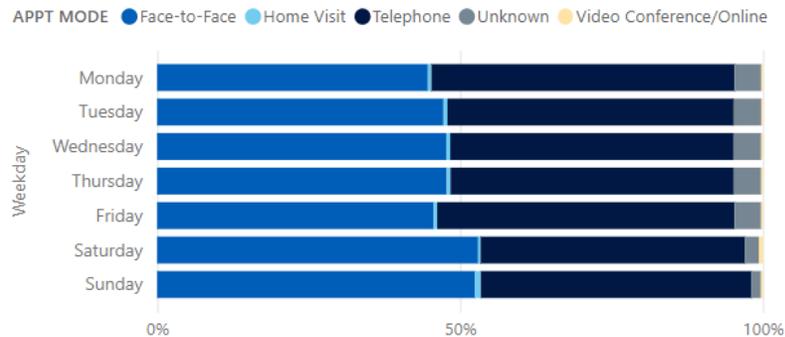
Appointment Status: All | Healthcare Professional: All | Time between booking and appointment: All

Appointment Type	Count
Face to Face	7M
Home Visit	101K
Telephone	8M
Video/Online	44K
Unknown	712K

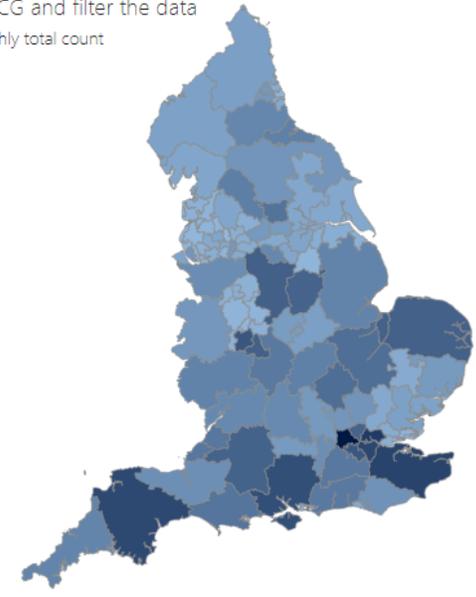
Total count of appointments, by weekday



Percentage of appointments, by weekday



Click on the map to choose a CCG and filter the data  
hover over to see the monthly total count



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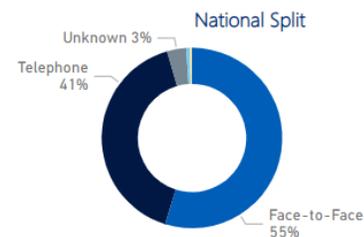
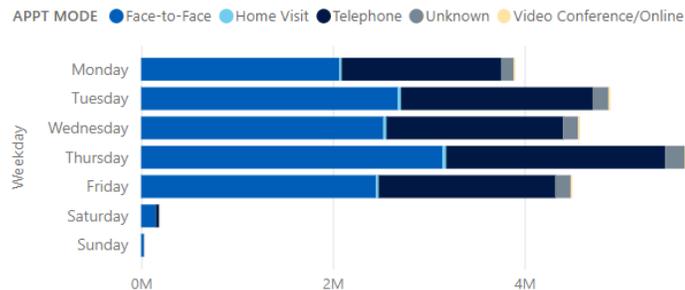
# GP Appointment data – Appointment type (national April 2021)

Month - Year: Apr-2021 | Select Region: All | Select STP: All

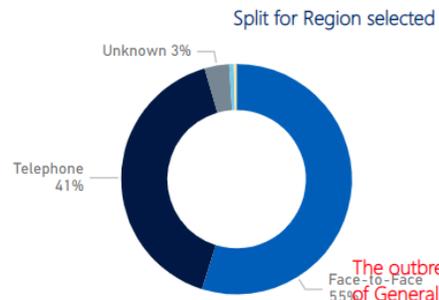
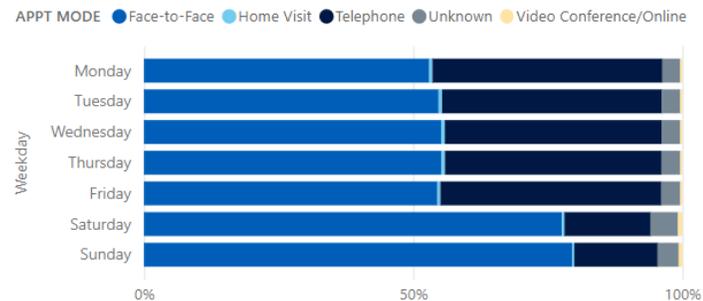
Appointment Status: All | Healthcare Professional: All | Time between booking and appointment: All

Appointment Type	Count
Face to Face	13M
Home Visit	149K
Telephone	10M
Video/Online	96K
Unknown	820K

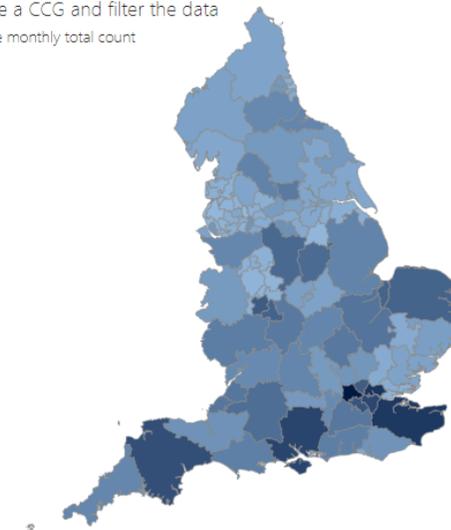
Total count of appointments, by weekday



Percentage of appointments, by weekday



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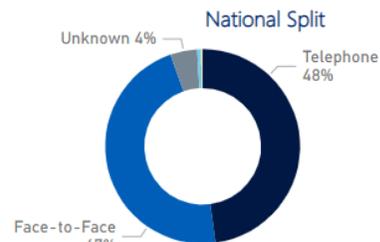
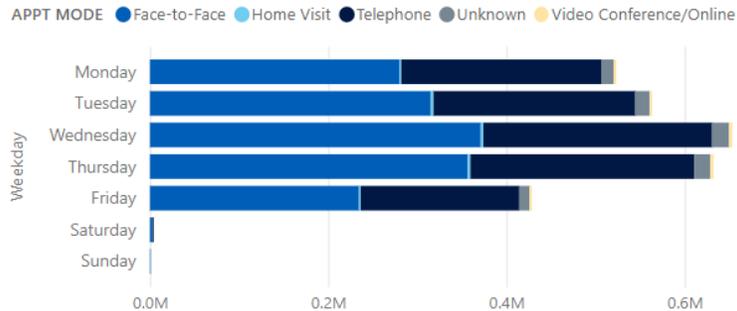
# GP Appointment data – Appointment type (Regional April 2020)

Month - Year: Apr-2020 | Select Region: North East and Yorkshire | Select STP: All

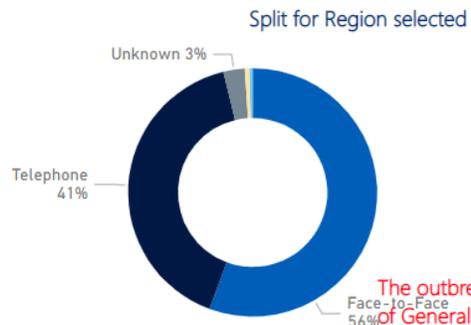
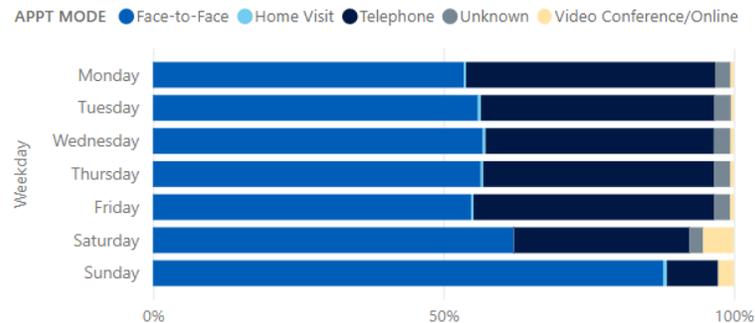
Appointment Status: All | Healthcare Professional: All | Time between booking and appointment: All

Face to Face: 2M APPOINTMENTS | Home Visit: 13K APPOINTMENTS | Telephone: 1M APPOINTMENTS | Video/Online: 16K APPOINTMENTS | Unknown: 78K APPOINTMENTS

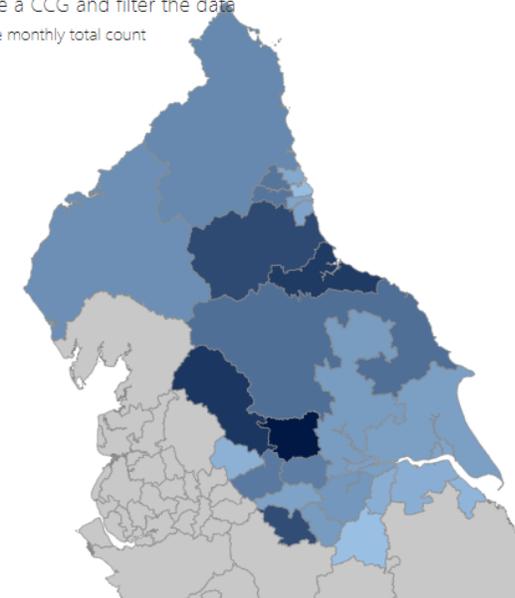
Total count of appointments, by weekday



Percentage of appointments, by weekday



Click on the map to choose a CCG and filter the data  
hover over to see the monthly total count



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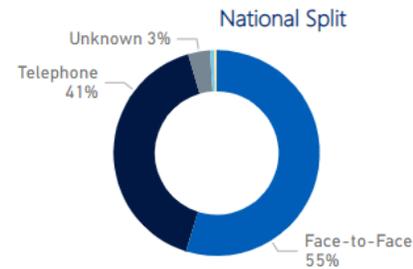
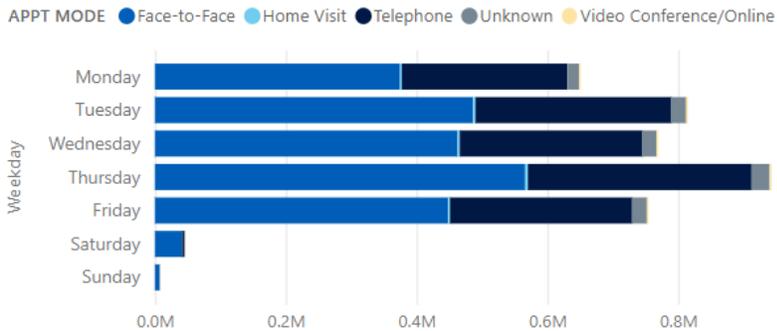
# GP Appointment data – Appointment type (Regional April 2021)

Month - Year:  Select Region:  Select STP:

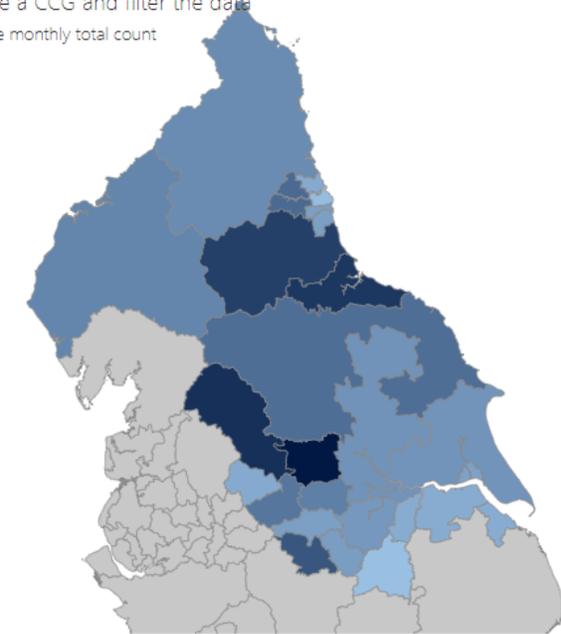
Appointment Status:  Healthcare Professional:  Time between booking and appointment:

Appointment Type	Count
Face to Face	2M
Home Visit	18K
Telephone	1M
Video/Online	14K
Unknown	114K

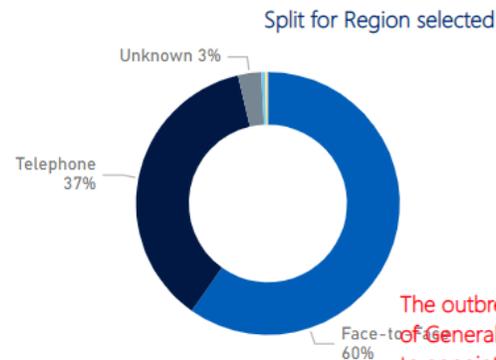
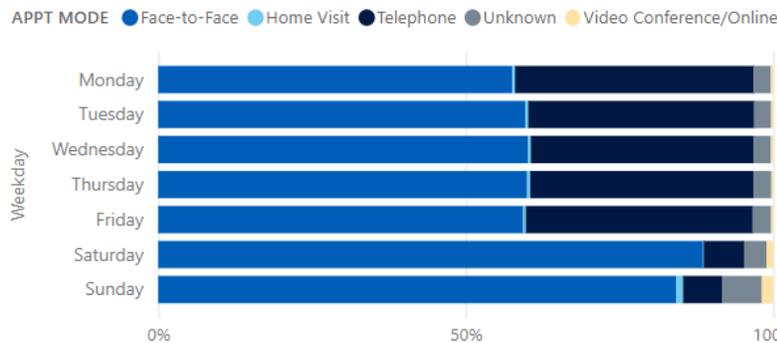
Total count of appointments, by weekday



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Percentage of appointments, by weekday



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Any questions?

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## Northumberland County Council

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Date: 31 AUGUST 2021

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Complaints Annual Report 2020/2021 - Adult social care, children's social care, and continuing health care services

Report of the Executive Director of Adult Social Care and Children's Services

Cabinet Members: Councillor Wendy Pattison, Adults' Wellbeing

Councillor Guy Renner-Thompson, Children and Young People

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#### **Purpose of report**

To inform members of the Committee of:

- The activities of the and Adult Services and Children's Social Care complaints service, including work on behalf of the Northumberland Clinical Commissioning Group;
- How customer experiences are sought and to provide an overview of what people have said about our services;
- How complaints are handled and statistical information from 2020/21;
- Matters of general note arising out of those complaints including some examples where action has been or is to be taken in order to improve services;
- Decisions made by the Local Government and Social Care Ombudsman and the Health Service Ombudsman in respect of complaints they received about children's and adult services; and
- Other feedback from people who use our services.

#### **Recommendations**

1. **The Committee is recommended to note the content of the report and identify any additional areas for scrutiny.**

#### **Link to Corporate Plan**

This report is relevant to the "Living" priority in the Corporate Plan.

#### **Key issues**

1. Over 2020/21 the number of adult social care complaints reported is lower than last year, however, compliments have increased, particularly those reported by independent providers. The number of Children's Services complaints has remained about the same although proportionally more are being dealt with via the corporate process as they are received from adults claiming injustice, rather than from the children being cared for. The focus remains on lessons learned and improving service provision.

2. Every complaint is handled in a person-centred way, taking into account risk, seriousness, complexity or sensitivity of events.
3. When it is appropriate we are using findings to improve services and people's experience.

## **Customer Experience: Joint Children's and Adult Services Customer Experience: Compliments and Complaints Annual Report 2016/2017**

### **BACKGROUND**

#### **1. Introduction**

- 1.1 Adult and Children's Services want local people who use social services to have a strong voice in helping to monitor, develop and improve the way we work. Customer experience information helps us understand how our services affect the lives of people who use our services, their carers and families and in turn this helps inform our service development. Complaints handling is a statutory function governed by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 for Adult Services; and The Children Act 1989 Representations Procedure (England) Regulations 2006 for Children's Services.
- 1.2 In respect of adult social services, the complaints procedure is for a person who receives or has received services from us; or for a person who is affected, or likely to be affected, by any of our actions, omissions or decisions. In respect of children's social services, the complaints procedure is for a child or young person to make representations, including complaints, about the actions, decisions or apparent failings of a local authority's children's social services provision; and for any other appropriate person to act on behalf of the child or young person concerned or to make a complaint in their own right.
- 1.3 People who use our services are encouraged to give feedback about their experiences and many choose to compliment our staff and/or the services they use. Overall, we receive many more compliments than complaints.

### **IMPLICATIONS ARISING OUT OF THE REPORT**

<b>Policy</b>	Complaints contribute to monitoring the impact of the Council's policies and the effectiveness with which they are being implemented.
<b>Finance and value for money</b>	There are no direct implications.
<b>Legal</b>	There are no direct legal implications although arrangements are in place to ensure that if complaints suggest that someone is being abused, or a crime may have been committed, there is an appropriate response.
<b>Procurement</b>	There are no direct implications.

<b>Human Resources</b>	There are no direct implications.
<b>Property</b>	There are no direct implications.
<b>Equalities</b> (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A X	There are no direct implications.
<b>Risk Assessment</b>	Individual complaints are risk-assessed on receipt, and appropriate actions are taken if someone is at immediate risk of harm.
<b>Crime &amp; Disorder</b>	Arrangements are in place to ensure that if complaints suggest that someone is being abused, or a crime may have been committed, there is an appropriate response.
<b>Customer Considerations</b>	Complaints are one of a range of methods by which we receive feedback on the quality and consistency of our services. They are also invaluable for learning lessons and quality improvement.
<b>Carbon reduction</b>	There are no direct carbon reduction implications.
<b>Wards</b>	All

## BACKGROUND PAPERS

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

### Report sign off.

*Authors must ensure that officers and members have agreed the content of the report.*

	Initials
Monitoring Officer/Legal	
Executive Director of Finance & S151 Officer	
Executive Director	CM
Chief Executive	
Portfolio Holder(s)	WP

### Authors and contact details

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Email: [karen.willis@northumberland.gov.uk](mailto:karen.willis@northumberland.gov.uk)



Northumberland  
County Council

In partnership with

Northumbria Healthcare   
NHS Foundation Trust

and

  
*Northumberland  
Clinical Commissioning Group*

# Complaints Annual Report 2020/2021

- **Adult social care and children's social care**
- **Continuing health care services**

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## Introduction

- 0.1 This 'Complaints Annual Report' report covers adult social care, children's social care and the NHS responsibilities for continuing health care and related services which the Council delivers under a partnership arrangement with Northumberland Clinical Commissioning Group.**
- 0.2 The report is in two parts and describes what people have said about both our adult and children's social care services in Northumberland and what we have learned as a consequence during 2020/21. The report also describes what people have said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and about supporting people in their own home or in a care home.**
- 0.3 Part 1 of the report covers adult social care complaints and CHC care and related services complaints; part 2, children's social care.**
- 0.4 This report emphasises the approach in both adults and children's social care services to listening and respecting all feedback offered, valuing each individual's perspective on care they receive, and resolving issues raised by people in Northumberland. It also explains in the appendix the differences in custom and practice in complaint handling which have evolved to meet the requirements of the relevant national regulations and guidance in both service areas.**
- 0.5 Complaints about adult social care and health care are handled under national regulations introduced in 2009. As noted above, we handle complaints on behalf of Northumberland CCG about continuing healthcare funded care.**
- 0.6 The arrangements for the statutory management of complaints from children and young people (and their representatives) are set out in the Children Act 1989 and Representations Procedure (England) Regulations 2006. This legislation requires that everyone who provides social services must have procedures in place to respond to complaints made about those services.**
- 0.7 Despite significant differences in detail, both sets of regulations and guidance emphasise that complaints should be approached positively as opportunities for learning, as well as providing a means by which people can ask the organisation to address the specifics of poor services or bad decisions which affect them individually.**

## PART ONE

### Adult social care complaints – 2020/21

- 1.1 The complaints service directly handled all the social care and continuing healthcare complaints made to Northumberland County Council. Please note that some complaints closed were carried over from 2019/20 and some complaints will carry over into 2021/22. The table below notes the numbers of complaints received in 2020/21 and the previous two years:

Complaints received	2018/19	2019/20	2020/21	Trend
Adult social care	34	50	44	↓
CHC	5	8	3	↓
Total	39	58	47	↓

- 1.2 Over the past year we have seen a drop in the number of complaints being made, although higher than two years ago.

- 1.3 The table below shows adult social care complaints received by Durham County Council which has similarities with Northumberland.

Complaints received	2018/19	2019/20	2020/21	Trend
Durham	81	81	75	↓

- 1.4 The table below shows the comparative number of adult social care complaints received per 1,000 service users based on the most recent figures available:

Area	Approximate number of adult social care service users	Complaints per 1,000
Durham	18,500	4.4
Northumberland	7,000	6.7

- 1.5 The table below notes the numbers of complaints received and responded to in 2020/21 and the previous two years:

Complaints responded to	2018/19	2019/20	2020/21	Trend
Adult social care	26	54	41	↓

CHC	6	9	3	↓
Total	32	63	44	↓

- 1.6 In line with the decrease of complaints received, we have seen a corresponding decrease in the numbers responded to over 2019/20.

#### ADULT SOCIAL CARE COMPLAINTS (CHC complaints data follows later)

- 1.7 The table below shows the outcomes from the responded to adult social care complaints, whether upheld, not upheld, or partly upheld:

Complaints outcomes	2018/19	2019/20	2020/21	Trend
Upheld	3	13	8	↓
Not upheld	13	25	14	↓
Partly upheld	10	16	19	↑
Total	26	54	41	↓
Upheld and partly upheld combined	13	29	27	↓

- 1.8 The table below shows the above information as a percentage and suggests that while the trend of upheld complaints is downwards, over 2020/21 we have found that most complainants have a point, albeit a comparatively minor one in many cases:

Complaints outcomes	2018/19	2019/20	2020/21	Trend
Upheld	12%	24%	20%	↓
Not upheld	50%	46%	34%	↓
Partly upheld	38%	30%	46%	↑
Upheld and partly upheld combined	50%	54%	66%	↑

- 1.9 The table below provides some comparative data for complaint outcomes with Durham County Council, using the most recent data:

Area	Upheld and partly upheld complaints
Durham	43%
Northumberland	66%

**1.10** The table below shows the complaints responded to by service area. Care management continues to receive the most complaints, which is to be expected in the context of the number of service user contacts for that service area, although the number of complaints remains low compared to the work done which suggests that staff get things right most of the time. We have also seen a decrease in the numbers of complaints related to independent providers which is matched by an increase in compliments noted later in this report. Analysis suggests that this trend reflects the positive views held by many service users, carers, and families about independent providers in Northumberland and how they have coped during the pandemic.

<b>Service area complained about</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Trend</b>
Care management	15	32	29	↓
Finance team	4	4	5	↑
Home improvement service	X	1	3	↑
Independent provider	2	10	3	↓
In-house provider	1	1	X	↓
Occupational therapy	X	1	X	↓
Onecall	1	1	X	↓
Safeguarding adults team	2	X	X	→
Self-directed support team	X	1	1	→
Short term support service	1	3	X	↓
<b>Total</b>	<b>26</b>	<b>54</b>	<b>41</b>	↓

**1.11** Despite the overall decrease in complaints, charges continue to be an underlying issue in many complaints. In this context, the key issues complained about, such as ‘disagreements’, ‘communication’ and the ‘standard of service provision’ are to be expected. Analysis suggests that this is at least in part due to people having, quite rightly, high expectations of services; and in part because service users are expected to contribute (more) towards the cost of their care.

1.12 The subject matter of the complaints responded to is shown in the following table:

Subject matter	2018/19	2019/20	2020/21	Trend
Adaptations & equipment	X	1	X	↓
Attitude or conduct of staff	2	2	2	→
Communication / information	3	7	7	→
Contact arrangements	1	1	X	↓
Disagreement with assessments / reports	X	4	3	↓
Disagreement with decisions	7	3	7	↑
Failure to follow procedure	4	3	4	↑
Finance / funding	4	9	4	↓
Health & safety	1	X	X	→
Speed or delays in service	X	2	X	↓
Standard of service provision	4	22	14	↓
Total	26	54	41	↓

1.13 As noted above, key areas relate to ‘disagreements’, ‘communication’ and the ‘standard of service provision’.

1.14 What these complaints tell us is addressed in the section on learning.

#### CHC COMPLAINTS

1.15 In respect of CHC complaints, these remain low in comparison to adult social care complaints. The table below shows the outcomes from the complaints responded to, whether upheld, not upheld, or partly upheld, over the past three years.

Complaints outcomes	2018/19	2019/20	2020/21	Trend
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Upheld	2	1	1	↓
Not upheld	2	1	0	↓
Partly upheld	2	7	2	↓
Total	6	9	3	↓
Upheld and partly upheld combined	4	8	3	↓

1.16 What this data tells us is addressed in the section on learning.

1.17 The table below shows the complaints responded to by service area. Care management continues to have the most complaints, and as noted above, is to be expected in the context of the number of service user contacts for that service area compared to others. The nurse assessment team is responsible for overseeing the process that determines eligibility for CHC funding and has received no complaints – in part this can be explained by the pause to carrying out assessments during the pandemic.

Service area complained about	2018/19	2019/20	2020/21	Trend
Care management	4	5	2	↓
Independent provider	X	X	1	↑
Nurse assessment team	2	2	X	↓
Occupational therapy	X	1	X	↓
Support planners	X	1	X	↓
Total	6	9	3	↓

1.18 The following table shows the subject matter complained about for CHC complaints as a number:

Subject matter	2018/19	2019/20	2020/21	Trend
Attitude or conduct of staff	X	1	X	↓
Disagreement with assessments / reports	1	1	1	→
Disagreement	1	X	X	→

<b>with decisions</b>				
<b>Failure to follow procedure</b>	<b>X</b>	<b>3</b>	<b>1</b>	
<b>Finance / funding</b>	<b>2</b>	<b>1</b>	<b>X</b>	
<b>Speed or delays in service</b>	<b>2</b>	<b>X</b>	<b>X</b>	
<b>Standard of service provision</b>	<b>X</b>	<b>3</b>	<b>1</b>	
<b>Total</b>	<b>6</b>	<b>9</b>	<b>3</b>	

1.19 What these complaints tell us is addressed in the section on learning.

## 2. Learning from the people who use our adult social care services

2.1 Many of the issues have been reported over 2020/21 reflect the kind of situations which can occur from time to time in a large care organisations but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes in general terms.

Key Themes	Responses to upheld complaint
Delays e.g. to arranging a service, appointment or assessment	Set up service, appointment or assessment at the earliest practicable time and apologise. Issue addressed through individual or team supervision as appropriate.
Communication e.g. lack of response to phone calls	Apology given. Ensure individual and team, as appropriate, comply with existing communication policy. Individual supervision and training as appropriate.
Staff attitude e.g. failure to handle a difficult situation sensitively	Apology given. Issue addressed through individual or team supervision and training as appropriate.
Quality of service provision e.g. treatment which caused poor outcomes or homecare provision that was of poor quality	Apology given. On-going monitoring and review of service quality. Service review through contract team and/or operational management.
Questions about the information in reports or assessments	Factual errors are amended, text clarified as appropriate and explanations given about outcomes and conclusions.
Processes – especially financial, legal and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters. Review any financial arrangements to make sure that they are correct.

	<p>Advice/signposting especially in respect of court matters and how adult social care work relates to this. On-going monitoring of effectiveness of processes.</p>
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**2.2** Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters. It is important to listen and to acknowledge people’s experiences; and to apologise as appropriate.

**2.3** Listening to the views and experiences of the people who use our services and of carers is extremely important, but what is more important is how we respond to this.

**2.4** The following section provides a selection of ‘thumbnail’ portraits by subject matter in the key areas of to ‘disagreements’, ‘communication’ and the ‘standard of service provision’ to illustrate the actions taken to resolve complaints and improve services where they were upheld and party upheld. Please note that work is on-going to better understand the issue of charging and complaints to determine what changes, if any, may be needed to systems, processes, and/or training programmes. However, it should be noted that service users whose care is fully funded by the Council i.e. who do not have to contribute towards the cost of their care, may be more likely to express dissatisfaction with their service (from an analysis of the most recent adult social care survey).

**2.5** Communication/information:

- 1.** A family member complained that her mother hadn’t been offered a care package on the Council’s contract and as a result she had been paying more for her care privately. On investigation it was found that the allocated worker hadn’t clearly explained to the client her options or provided the relevant information in writing, and as a result it seemed more likely than not that the client would have chosen to have her care arranged by adult social care had she received and understood all the information presented. The difference in cost was offered as an *ex gratia* payment and an apology made. The member of staff concerned was reminded about the importance of making sure clients understand all their options and are given the relevant information sheets.
  
- 2.** A son complained that he had received a finance letter indicating that the sender had spoken to his father and would review his case in a year’s time even though his father had died several weeks earlier. On investigation it was found that this standard, un-amended letter was accompanied by a cover letter for the executor’s records. The IO acknowledged that the finance letter should not have been sent and a full apology was given. The member of staff concerned was reminded about their responsibilities and the effect their lapse of judgement had had.

- 3. A family member complained that they'd had no response to any of their emails sent to the team manager, all related to a specific service user. On investigation, it was found that the team manager was on a planned extended leave from work and that they had put on their 'out of office', properly directing people to manager covering for them. IT was also asked to look into this matter because the complainant said that they'd not received any 'out of office' replies and had checked their 'junk' folder – IT confirmed that the 'out of office' had been put on before the complainant's first email was sent and IT concluded that the complainant's email provider's security filters had likely stopped the 'out of office' notifications. An apology was given to the complainant for their experiences and the issues they had raised in their emails to the team manager were addressed promptly.**

#### **2.6.1 Disagreements:**

- 1. A family member complained that his mother was being given more care than she needed and as result was having to pay more. On investigation it was found that the care package involved carers checking on the service user's welfare and administering her medication. She had dementia and was unable to manage her medication safely without help. She received daily calls and additional time was set aside for the carer to collect her medication from the pharmacist once a week and to book it in. The son believed that this additional time could be incorporated into one of the existing visits. On investigation this was not found to be the case – advice to social workers is clear about the minimum amount of time a visit should last when medication is logged in and/or dispensed. The son was offered alternatives, such as arranging his mother's care privately, should he and his mother remain dissatisfied with the social worker's assessment.**
- 2. A service user complained about why it had been decided that she now had to ask her social worker for money when she had previously been able to ask the finance team (the Council is her court appointed deputy for finance). On investigation, it was found that it is the social worker who should be the decision maker about budgets and payments and in this case, it appears that the service user had been bypassing this arrangement. An apology was made and an explanation given about what had gone wrong. The members of staff involved were reminded about their respective roles. A new budget was also set up with the service user with which she was happy.**
- 3. A family member complained about why a social worker had placed her husband into a particular care home following treatment in hospital. On investigation it was found that the service user had been ready for discharge and that the MDT had decided, with involvement from the family member, that a care home placement was needed (the client had dementia and some challenging behaviours). It was also found that the son, who held a legal power to make decisions on behalf of his father, had agreed to the placement, the only suitable one that was available at the time despite a search by the social worker.**

4. A family member complained about the decision to charge her father for his care based on half the money in a joint account, most of which the complainant said was hers. On investigation it was found that the family member, who held a legal power to manage the service user's financial affairs, had not disclosed any meaningful detail about the account. Without this information it was (correctly, according to the guidance) assumed that half of the money belonged to the service user and in this context, the service user had been assessed correctly and charged accordingly.

## **2.7 The standard of service provision:**

1. A family member complained about the standard of care her mother received from a care provider. On investigation, it was found that the family member had raised her concerns promptly with the provider but no response had been given. Similarly, the provider was unable to provide assurances that the carer had followed the care plan. Apologies were given, the charges waived, and the contracts and commissioning team involved so that they could use these findings in their inspection programme.
2. A family member complained about the care her mother had received in a care home. On investigation it was found that mistakes had been made but each had been appropriately reported and addressed with no harm to the service user. The investigating officer considered that communication was an underlying issue and steps were taken to try to improve the relationship between family and the staff at the care home.
3. A service user complained that no one was taking responsibility for the remedial work that was needed to his bathroom following work done by the Council to deal with a significant water leak under his property. On investigation it was found that this case had drifted. Joint action was quickly agreed by the relevant services (Home Improvement Service and the housing repairs department) and the necessary 'putting right' was carried out promptly.
4. A person complained about the difficulties they had experienced trying to get a care & support assessment. On investigation it was found that the relevant staff service had acted appropriately but it was noted that there may have been some confusion on the caller's part because no assessment referral from her GP had been received as she believed. However, an apology was made for their experience.
5. A family member complained about the apparent lack of response from adult social care when she reached out for help for her mother in a crisis and that subsequently little was done to support her mother who has mental health and alcohol related problems. On investigation, evidence of good practice within the records was found, however, there were gaps in recording, communication should have been better at times, and there was also a misunderstanding about what constitutes a safeguarding concern, and whilst it should not be expected for family to understand this, professionals should be able to explain this to family members and thereby not create misconceptions. There was also a breakdown in communication with the complainant as it appears she had not been fully

**informed of her mother's reluctance to accept support (she was able to make this decision for herself). Steps were taken with the member of staff to improve practice around record keeping and with the wider teams around communication with families.**

- 2.8 In respect of learning from other adult social care complaints, for example, following a complaint about staff attitude, the process for dealing with calls to Onecall has been changed. Now all messages received by Onecall for the team managers are recorded on swift rather than only in an email; and following two complaints related to hospital discharges, the Homesafe teams have been reminded about the processes for the arranging of temporary and permanent care home placements.**
- 2.9 In respect of independent providers, the complaints team works closely with the contracts and commissioning team and shares all complaints and outcomes with them – this information helps inform the regular monitoring and other work that that team undertakes with providers contracted to the Council.**

#### **CHC COMPLAINT EXAMPLE**

- 2.10 The following section provides an example 'thumbnail' portrait from the responded to CHC complaints.**
- 2.11 An apparent failure to follow procedure:**
- 1. A family member complained that their relative had not been provided with a personal health budget sufficient to meet all her needs and as a consequence she had had to use her own money to make sure her needs were met. On investigation, it was found more likely than not that the service user had required a larger package of care than had been funded. In addition, it appears that staff suggested that there was an upper limit to the CHC funding that the service user was able to receive. This was wrong and apologies given for this and the other faults identified in the investigation. The monies the service user had paid out privately were reimbursed and a number of learning opportunities identified for both the staff involved in this case and the wider social work/care management teams.**

1.

### 3. Adult social care complaints looked at by the Ombudsmen

- 3.1 It is the right of all complainants to ask the appropriate ombudsman to consider their complaint at any point if they remain dissatisfied. It is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.
- 3.2 The Local Government and Social Care Ombudsman (LGSCO) considers complaints about adult social care. The Parliamentary and Health Service Ombudsman (PHSO) considers complaints about care funded by the Clinical Commissioning Group – Northumberland. Where a complaint relates to both adult social care and health, it is considered by the Joint Team.
- 3.3 Although every reasonable effort is made to resolve matters we direct the complainant to the relevant ombudsman should they remain dissatisfied in every final complaint response letter.
- 3.4 The table below gives the numbers of investigation decisions received over the past three years. Historically, we have found that around 6 or 7 complainants ask the LSCGO to consider a complaint that adult social care has tried to resolve.

Decisions	2018/19	2019/20	2020/21	Trend
LGSCO	9	9	6	↓
PHSO	0	0	0	→
Joint Team	1	0	0	→
Total	10	9	6	↓

- 3.5 Over 2018/19 and 2019/20 we received a higher than average numbers for adult social care. Although the 2020/21 numbers have decreased, analysis suggests that the numbers of people who choose to ask LGSCO to consider their complaint may now be increasing from the historically typical 6 or 7 or less to 7 or 8 or more per year. Please note that during lockdown LGSCO suspended taking new complaints and contacting councils, however, this was caught up from the summer of 2020 onwards. As noted earlier in this report, a rise in complaints to LGSCO is in part likely due to high expectations of services; and in part because service users are expected to contribute (more) towards the cost of their care and this is an underlying issue in many complaints. In addition, it can also be an indication of the quality of the relationship that the complainant has with the Council.
- 3.6 Almost all the LGSCO decisions are available to read on their website:
- <https://www.lgo.org.uk/your-councils-performance>
- 3.7 Analysis suggests that during the complaints resolution process we are able to recognise where we have got things wrong and to take appropriate

remedial action. Please note that in recent years the LGSCO has changed their focus and will highlight any faults in the original case handling over how effectively we investigated and remedied the issues raised. The LGSCO is the final stage in the complaints process and there is no appeal except through judicial review.

- 3.8 The table below provides some comparative data for LGSCO complaints outcomes with Durham County Council, using the 2021 data available on the LGSCO website:

Area	Upheld	Not upheld	Closed after initial enquiries	Total
Durham	10	0	5	15
Northumberland	3	1	2	6

- 3.9 The following pages summarise the substantive outcomes of those Northumberland complaints considered by LGSCO in 2020/21. Please note that LGSCO made more decisions than the ones noted below, the ones not reported on are those where the LGSCO considered the complaint 'premature', where there was insufficient information for LGSCO to progress the complaint, or where the person requested their complaint not to proceed, for example. These decisions are not routinely shared with the Council.

Summary of complaint	Summary of ombudsman's final decision
Adult services	
<p><b>19 020 559</b>  <b>Ms X complains about the conduct of a person she believed to be a council officer.</b></p>	<p><b>The Ombudsman cannot investigate Ms X's complaint. This is because the Council is not responsible for the matter complained about.</b></p> <p><b>(Please note that while this complaint was aimed at adult social care, LGSCO have logged it under 'corporate and other services'.)</b></p>
<p><b>19 017 603</b>  <b>Mrs X complained the Council failed to provide full information about her financial assessment and the costs of her care before she started receiving care from a new care provider.</b></p>	<p><b>The Ombudsman found there was fault causing injustice when the Council failed to provide enough information about charging. The Council agreed to a suitable remedy.</b></p> <p><b>(In our original complaint response, we acknowledged that we hadn't provided the information sheet that would have told Mrs X that she would be a full charge payer because she owned a second home – this fact only became apparent to Mrs X when she was financially assessed which was after her service began. As part of our follow up, we took steps to remind relevant staff about providing full information on charging, the process, and keeping a suitable record.)</b></p>
<p><b>20 000 824</b>  <b>Ms Q, says that the manager of a care home refused to allow her to see her sister who was dying of cancer.</b></p>	<p><b>The Ombudsman will not investigate this complaint about the refusal of a care home to allow the complainant to visit her sister. This is because there is no worthwhile outcome that he could achieve through additional investigation.</b></p>
<p><b>20 001 884</b>  <b>Mr C, complained on behalf of his son, that the Council has failed to increase his son's Personal</b></p>	<p><b>The Ombudsman found the Council identified the correct steps to resolve the issue, which was a reassessment of Mr X's needs. As such, we discontinued our investigation because nothing further could be achieved</b></p>

<p><b>Budget along with inflation over the last few years, as a result of which he does not receive enough money anymore to meet his needs.</b></p>	<p><b>for Mr X.</b></p>
<p><b>20 004 092</b>  <b>Ms A complains in her own right and on behalf of her father, Mr D, that the Council failed to:</b>  <b>a) make a refund of council tax properly;</b>  <b>b) assess charges for care properly;</b>  <b>c) consider the “ownership” of a joint bank account;</b>  <b>d) deal with complaints properly and in a timely manner.</b></p>	<p><b>The Council has recognised and apologised for faults in a delayed council tax refund, and some aspects of its financial assessments for community support and residential care. The Ombudsman considers the actions taken and the apologies provided are sufficient to remedy the errors made. The Ombudsman does not find fault in the Council’s approach to assessing Mr D’s finances for charges related to his long-term residential care. It has made legitimate enquiries about withdrawals from a bank account.</b></p>
<p><b>20 007 684</b>  <b>Mr X complained for his mother Mrs Y that the Council:</b>  <b>a) did not complete an assessment of Mrs Y’s mental capacity to make a decision about going into a care home, which was not in line with its responsibilities under the Mental Capacity Act;</b>  <b>b) did not tell Mrs Y a cheaper room may have been available</b>  <b>c) did not give her full, transparent information about the different fees for different room types so she was not properly informed when making the decision</b></p>	<p><b>The Ombudsman found:</b>  <b>a) There was no fault in not completing a mental capacity assessment;</b>  <b>b) It is common practice for care providers to have different rates for private paying individuals and councils. Councils are often contracting at a reduced rate compared with private individuals because they are commissioning multiple beds. This is market forces and not fault;</b>  <b>c) We would expect the Council to provide a leaflet or signpost a self-funder to independent financial advice and there is no record of any signposting Mrs Y to independent financial advice in this case;</b>  <b>d) There was nothing to be added to the Council’s complaint response by setting out the full detail of a call between a social worker and Mr X ... I note the Council’s reason for giving full details of a phone call between Mr X and an officer. I do not share the Council’s view that transparency or an inability to deliver Mr X’s desired outcome required it to give a word for word account; and</b></p>

**d) tarnished his character and motives by using information selectively in its complaint response and failed to address the substantive issues**  
**e) Failed to challenge the care provider's lack of openness about fees.**

**e) The Council had no involvement in fees and it is not at fault.**

## 4. Adult social care enquires received in 2020/21

- 4.1 The Complaints Service also responds to a number of ‘enquiries’ from service users, carers, families and members of the public and which relate to adult social care services.
- 4.2 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the Complaints Service provides or arranges answers or explanations to resolve the issues raised.
- 4.3 Typically, enquiries managed by the complaint service are contacts from members of the public, including the children, young people or adults who use our services, who may wish to complain but we can deal with their concerns immediately; or from people who have a specific question about our services; or from people who are not sure who to contact or who believe we are the responsible body.
- 4.4 In the course of 2020/21, 96 enquiries were recorded by the team that related to adult services.
- 4.5 The majority of these enquiries related to our services and were dealt with directly by the team. These included instances where issues could be signposted elsewhere so that the person was put in touch with expert staff. Sometimes service users contacted us to make comments or suggestions which were passed on to relevant services or used to help improve services.
- 4.6 The table below notes the enquiries received by service area:

Enquiries received	2018/19	2019/20	2020/21	Trend
Adult social care	102	118	96	↓

Enquiries by service area	2018/19	2019/20	2020/21	Trend
Care management	58	72	52	↓
Complaints team	1	X	X	→
Continuing healthcare	6	1	7	↑
Contracts & commissioning	X	1	6	↑
Finance	8	9	14	↑
General	X	1	X	↓

Home improvement service	X	1	3	↑
Independent social care providers	5	6	2	↓
In-house residential care	X	X	1	↑
Joint equipment and loan service	6	5	X	↓
Northumbria Healthcare	X	3	1	↓
Occupational therapy	9	7	4	↓
Onecall	1	2	X	↓
Other organisations	2	2	4	↑
Safeguarding adults	4	3	1	↓
Self-directed support team	X	3	1	↓
Short term support service	2	2	X	↓
Total	102	118	96	↓

- 4.8 Each enquiry can take anything from a matter of minutes to several hours to complete. Many enquiries are dealt with over one to two working days.
- 4.9 Some enquiries contain information that was handled under either adults or children's multiagency safeguarding procedures, especially information relating to independent providers. In these cases we let the enquirer know that they should contact the complaints team after the safeguarding process is complete if they remain dissatisfied with the outcomes.
- 4.10 Analysis suggests that the majority of people are making contact with the right organisation first time when they have a query or concern. This suggests that our publicity is effective.

## 5. Adult social care compliments received in 2020/21

- 5.1 Adult social care receives considerably more compliments from people who use our services, their carers and families than complaints. Compliments are a way of confirming that by and large we are doing a good job.
- 5.2 Collectively, the compliments we receive are mainly about how helpful, kind and professional staff have been; or about the quality of the services we commission or provide. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult periods of their lives, including end of life care.
- 5.3 In 2020/21 adult social care received 536 compliments from members of the public although we are very aware that staff receive kind words verbally from the people who use our services, their families and carers on a daily basis.
- 5.4 As part of our on-going work in adult social care, to monitor how well our contracted providers are performing we ask them to report both complaints and compliments each quarter.
- 5.5 Overall, adult social care compliments have increased over the past year and continuing healthcare compliments similarly. Analysis suggest that this increase has been achieved by our independent providers whose efforts during the pandemic have been greatly appreciated. In-house day services by contrast have seen a reduction in compliments due to being suspended for much of the same period.
- 5.6 The table below shows the number of compliments received over the past three years:

Compliments received by	2018/19	2019/20	2020/21	Trend
Adult social care	485	442	536	↑
CHC	159	117	157	↑
Total	664	559	693	↑

- 5.7 The table below shows adult social care compliments received by three county councils referred to above, based on the available data:

Complaints received	2018/19	2019/20	2020/21	Trend
Durham	125	81	66	↓

- 5.8 The two tables below show the compliments received by service area over the past three years:

<b>Compliments by service area</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Trend</b>
<b>Care management</b>	<b>94</b>	<b>110</b>	<b>74</b>	↓
<b>Complaints Service</b>	<b>2</b>	<b>3</b>	<b>2</b>	↓
<b>Contracts &amp; commissioning team</b>	<b>X</b>	<b>2</b>	<b>X</b>	↓
<b>Finance</b>	<b>8</b>	<b>5</b>	<b>2</b>	↓
<b>Home improvement service</b>	<b>1</b>	<b>2</b>	<b>X</b>	↓
<b>Home safe</b>	<b>2</b>	<b>4</b>	<b>8</b>	↑
<b>Independent providers*</b>	<b>194</b>	<b>145</b>	<b>334</b>	↑
<b>In-house day services</b>	<b>61</b>	<b>59</b>	<b>1</b>	↓
<b>Joint equipment and loan service</b>	<b>4</b>	<b>2</b>	<b>3</b>	↑
<b>Occupational therapy</b>	<b>24</b>	<b>24</b>	<b>31</b>	↑
<b>Onecall (single point of access)</b>	<b>5</b>	<b>6</b>	<b>22</b>	↑
<b>Risk &amp; independence team</b>	<b>X</b>	<b>1</b>	<b>1</b>	→
<b>Safeguarding adults team</b>	<b>4</b>	<b>4</b>	<b>1</b>	↓
<b>Self-directed support team</b>	<b>7</b>	<b>4</b>	<b>1</b>	↓
<b>Short term support service</b>	<b>78</b>	<b>70</b>	<b>56</b>	↓

<b>Welfare rights</b>	<b>1</b>	<b>1</b>	<b>X</b>	
<b>Total</b>	<b>485</b>	<b>442</b>	<b>536</b>	

**\*Reported by providers**

<b>CHC compliments*</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Trend</b>
<b>100% NHS funded packages</b>	<b>64</b>	<b>48</b>	<b>68</b>	
<b>Part NHS funded packages</b>	<b>95</b>	<b>69</b>	<b>89</b>	
<b>Total</b>	<b>159</b>	<b>117</b>	<b>157</b>	

**\*Reported by providers**

## **6. Advocacy for adult social care and CHC complainants**

- 6.1** In respect of advocacy for people wishing to make an adult social care complaint, the Complaints Service is always mindful that on occasion the use of an advocate may be a constructive way to support the complainant to achieve a positive outcome from their complaint. Advocacy is not a right under the regulations for adult social care complaints.
- 6.2** The Complaints Service is able to access advocacy for adult social care complaints from local providers as necessary and with the agreement of the complainant. Decisions are made on a case by case basis. Please note that many complaints about adult social care come from a family member or family friend on behalf of the service user. In each case we ask for the service user's consent unless they lack the mental capacity to make a complaint in their own right; in these cases we make a best interest decision.

### **CHC complaints**

- 6.3** In respect of advocacy for people who wish to make a complaint about CHC funded care packages the complainant has a right to advocacy if they so choose and we signpost people to the relevant contracted provider.

### **Other information**

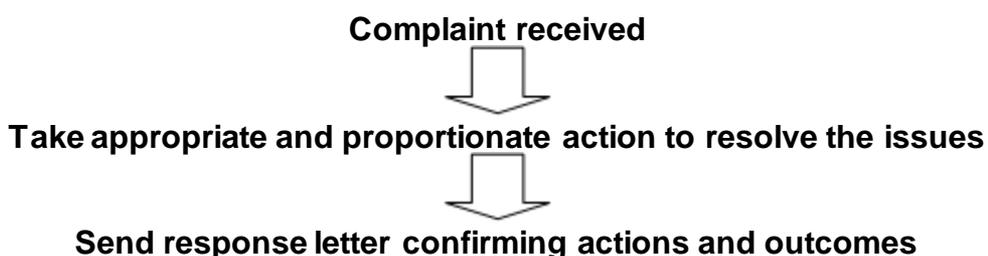
- 6.4** In general terms and irrespective the different advocacy arrangements in place the Complaints Service considers how to meet the varying needs of complainants on a case by case basis making reasonable adjustments as appropriate. This is particularly important in relation to complainants whose first language is not English and those with communication difficulties.

## **7. Conclusions and future plans for adult social care complaints**

- 7.1 We continue to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each child, young person or adult that makes a complaint and where possible aiming to resolve things at an early opportunity.**
- 7.2 We also continue to learn lessons, to make changes to improve things for individuals and their families, and to draw on what we learn to improve our services more generally.**
- 7.3 Over the coming year, 2021/22 we will continue to improve accessibility to make compliments, complaints and comments and the ways in which we demonstrate learning from complaints. As part of our other development work we will continue to work alongside contracted adult social care providers to report on all their registered compliments and complaints regardless of funding arrangements. As noted above, we are also working to better understand the issue of charging and complaints to determine what changes, if any, may be needed to systems, processes, and/or training programmes.**
- 7.4 We will continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.**
- 7.5 We will also continue to support managers in resolving complaints at a local level and in a timely manner by help in individual cases and complaints training as appropriate.**
- 7.6 Overall, and despite the challenges of lockdown and increased home working, we have had a positive year with many compliments received and enquiries dealt with at an early stage. We have successfully resolved the majority of issues raised locally even when we have not been able to agree with the complainant's perspective. However, we always speak to people to hear their views and take their concerns very seriously. We are committed to improving our services and continue to receive support from staff and managers throughout the organisation in our day to day work.**
- 7.7 For further information about this report or adult social care and CHC complaints, please email the Complaints Manager for Adult Social Care Complaints [james.hillery@northumbria-healthcare.nhs.uk](mailto:james.hillery@northumbria-healthcare.nhs.uk) and from 01 October 2021 [james.hillery@northumberland.gov.uk](mailto:james.hillery@northumberland.gov.uk)**

## 8.0 How we handle individual adult social care and CHC complaints

- 8.1 We work to the principle in that all feedback is welcomed, is taken seriously, complaints are investigated thoroughly and a response provided in a timely manner. We aim to learn lessons from all feedback and utilise findings to influence and improve services going forward.
- 8.2 The adult social care the 2009 complaints regulations require us to send an acknowledgment to the complainant within 3 working days. The regulations also say we must “investigate the complaint in a manner appropriate to resolve it speedily and efficiently”. The process should be person-centred with an emphasis on outcomes and learning.
- 8.3 To this end when we receive a complaint and in discussion with the complainant and the service, we develop a ‘resolution plan’ which may be refreshed as required.
- 8.4 The action we take to resolve a complaint should be appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events. The officers tackling the complaint should not feel limited about the actions they can take but they should avoid lengthening the process. For example, a well-meant apology or an opportunity to meet and discuss the issues may suffice. Alternatively, the complaint may warrant a ‘formal’ investigation. Whatever the case we should always speak to the complainant to understand their experience and to ask them what they would like us to do in order to put things right. We should also keep them informed of progress and of any findings throughout their complaint.
- 8.5 The process ends with a final written response from the appropriate manager in which the complainant is directed to the Local Government and Social Care Ombudsman should they remain dissatisfied with how we have handled their complaint or with our findings.
- 8.6 While there are no statutory timeframes, we aim to resolve complaints within 20 working days where practicable. Of the complaints responded to over 2019/20, 55% (35 of 63) were dealt with within 20 working days across adult social care and CHC complaints; and all were provided within the timeframe agreed with the complainant.
- 8.7 Our adult services process can be summarised as follows:



**8.8 Apologising is usually appropriate even if only because the person feels they have had a bad experience or because they felt strongly enough about their experience that they felt moved to make a complaint. The Scottish Public Services Ombudsman says, “A meaningful apology can help both sides calm their emotions and move on to put things right. It is often the first step to repairing a damaged relationship. It can help to restore dignity and trust. It says that both sides share values about appropriate behaviour towards each other and that the offending side has regrets when they do not behave in line with those values.”**

## **PART TWO**

# **Annual Complaint Report for Children's Social Care 2019/20**

## **1.0 Introduction**

Children's Services aim to provide high quality services and customer care at all times. However, it is appreciated that service users may, from time to time, be unhappy with the service they receive and wish to express their dissatisfaction with those services. Children's Services are happy to receive this feedback and investigate where something may have gone wrong and have an opportunity to put it right, so far as is possible. This process can provide vital points of learning for the Service and lead to necessary improvements.

The Service also welcomes comments, compliments, and suggestions to provide a broad and balanced feedback of service user experiences.

## **1.1 Covid Response**

Children's Services rose to an unprecedented challenge in March 2020 due to the Covid pandemic and completely re-evaluated their way of working. The work of the Client Relations Team, who deal with complaints and customer feedback in relation to Children's Services was also impacted with all team members working from home and adjusting to provision of service via the virtual world.

The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 made some temporary change to the complaint regulations but only in relation to Stage 3 Review Panel hearings in that the timeframes for requesting and holding the Review Panels, usually within 30 working days, was changed to "as soon as is reasonably practicable". It also changed the requirements relating to the completion of the panel notes and undertaking of panel recommendations to "as soon as reasonably practicable."

The Local Government and Social Care Ombudsman (LGSCO) suspended all casework activity on new or existing complaints from 26/3/2020 to 29/06/2020 to try and assist local authorities adjust to the new working arrangements.

Some complaints were impacted due to the closure of the archive facilities as this impacted access to written archived records.

## **1.2 Requirement for an Annual Report**

The Children Act 1989 Representations Procedure (England) Regulations 2006 require the submission of an Annual Report by every local authority which "provides a mechanism by which the local authority can be kept informed of the operation of its complaints procedure." This report has been prepared by the Complaints Manager in conjunction with Regulation requirements and provides data and analysis of information in relation to the complaints made to Children's Services and those referred to the LGSCO. This information is produced with the aim of providing intelligence to show where lessons can be learned and service improvements may be required.

The data used for this report is from received during the period 1 April 2020 to 31 March 2021.

### 1.3 Making a complaint

Full information on how to make a complaint or provide feedback is available on the Council website.

<https://www.northumberland.gov.uk/Children/Family/Compliments.aspx>

Children's Services staff ensure that all children of an appropriate age, who are in receipt of services as a Looked After Child, are provided with a copy of a complaints leaflet. Information is also readily available to children and young people via the Council website and the Mind of My Own app.

In order to raise a concern or make a complaint, children, young people, their parents/carers/guardians/appropriate adult may:

- talk to the relevant support staff to let them try and resolve the issue with them direct;
- Email the [clientrelations@northumberland.gov.uk](mailto:clientrelations@northumberland.gov.uk) team
- Write to the Complaints Manager for Children's Services at County Hall, Morpeth, Northumberland, NE61 2EF
- Telephone the Client Relations Team on 01670 628888
- Use the Mind of My Own app.

## 2.0 Numbers and Analysis

### 2.1 Complaints received

2.2 The table below shows how many complaints have been recorded for Children's Services (both social care and education) and under which process, broken down into individual financial years. The figures demonstrate a decrease in those recorded under the social care process and an increase in those recorded under the corporate process. This is due to reconsideration by this Council of the way in which complaints are considered from the outset.

Year	Social Care	Corporate	Total
2018/19	44	2	46
2019/20	46	4	50
2020/21	33	14	47

2.3 A greater number of complaints are now being received from adults in relation to their involvement with children's social care where their dissatisfaction relates solely to the impact on themselves and not the child. Where it is clear the adult complaining is not doing so on behalf of or in relation to a child but still require a response, then they are considered under the corporate process. [Getting the Best from Complaints statutory guidance; Sections 2.7 and 2.8] .

- 2.4 Of the 47 complaints received, only 1 was from a young Looked After person.
- 2.5 It is generally understood that children and young people tend to raise concerns through the many other routes available to them. This includes their allocated social worker, IRO, through care team meetings or advocates. From reviewing the data provided by the individual residential units, most of the issues raised are more related to day to day issues within the units rather than service processes or procedures, for example complaints have been recorded regarding how staff have dealt with a disagreement between residents. It is evidenced that the issues have all been dealt with promptly and effectively.
- 2.6 Statistically, our Units have recorded the following for 2020/21.

Unit	Complaints 2019/20	2020/21
Barndale	0	0
Coanwood	0	5
Kyloe	24	44
Phoenix	2	1
Thorndale	4	4

- 2.7 Although the figures look high for Kyloe House and there has been a significant increase in the last year; it is considered that this is due firstly to this being a secure children's home who are dealing with the most challenging of young people unhappy with their situation. Complaints have included, for example, issues about food standards and staff touching washing.
- 2.8 Secondly, it is considered that the increase in complaints this year is due to the Covid restrictions which have presented an additional and significant challenge for the young people. They have been unable to have family visits or go out on activities and a great many of our young people have understandably struggled with this.
- 2.9 All complaints regarding internal issues have been recorded and investigated and of the 44 complaints received, all matters were resolved satisfactorily without the need for further escalation to the formal complaints procedure.
- 2.10 A total of 10 complaints were received for the other residential units. All were dealt with promptly, fully investigated and resolved to the satisfaction of the young people involved without need for further escalation.

## 2.11 Formal Complaints resolved at Stage 1

- 2.12 Of the 47 complaints received during 2020/21 (33 social care and 14 corporate); 4 were not progressed (3 social care and 1 corporate). Reasons for not progressing a complaint include the complainant being involved in a concurrent investigation such as court proceedings (Regulation 8) or being outside the 12 month timescale for making a complaint (Regulation 9). A complaint can also be refused if there is a more appropriate, alternate process such as an appeal or Tribunal.

Of the 43 complaints that were accepted and then progressed;

- 1 complaint was subsequently withdrawn by the complainant;
- 1 complaint has been placed on hold at the complainant's request;

12 were partially upheld;  
11 were fully upheld; and  
18 of these complaints were not upheld.

2.13 Significant work is now being undertaken by the department to improve the quality of investigation and response provided at Stage 1 to increase customer satisfaction, embrace a learning culture from customer feedback and to reduce overall costs that independent investigations inevitably incur.

## **2.14 Complaints escalated to Stage 2**

2.15 Of the 43 complaints taken forward during 2020/21, only 3 complaints have been escalated to Stage 2. One of these complaints was corporate and therefore followed the corporate process which involved a senior manager undertaking a review of the investigation and outcomes at Stage 1. The remaining 2 have been dealt with under the statutory children's regulations via independent investigation.

## **2.11 Complaints escalated to Stage 3 - Review Panels**

2.12 Of the complaints recorded during 2020/21 only one was escalated to Stage 3 Review Panel.

2.13 The purpose of the Review Panel is to consider the standard and quality of investigation undertaken at Stage 2, highlight any problems in that investigation and to provide the complainant with an opportunity for further reconsideration of their complaint points. The Review Panel can offer further suggestion on remedy for the Council to consider.

2.14 Due to Covid-19 restrictions and in accordance with The Adoption and Children (Coronavirus) (Amendment) Regulations 2020, there was some delay in progressing the Stage 3 Review Panels, however, arrangements for these meetings to be held virtually have been progressed.

## **2.16 Complaint response timescales**

2.17 At Stage 1 children's social care complaints should be responded to within 10 working days, with an extension to 20 working days in certain circumstances. For the 2020/21 year where 29 social care complaints were accepted and taken forward, the response figures are as below:

9 were responded to within 10 working days;  
11 were responded to within 20 working days; and  
9 took over 20 working days to respond to.

2.18 This demonstrates that 69% of social care complaints were responded to within statutory timescales. Of the remaining 9 that went over timescales, further extensions were agreed with the complainant and were done to continue attempts to agree a suitable way forward in terms of remedy.

2.19 At Stage 1 of the corporate complaint process, complaints should be responded to within 15 working days.

2.20 For the 2020/21 year where 13 corporate complaints were accepted and progressed, the response figures are as below:

5 were responded to within the 15 working days;  
8 took over 15 working days to respond to.

2.21 Again where delay was a factor, communications with the complainant were clear regarding why and when response could be expected.

2.19 It should be noted that focus within any complaint process remains very much on resolution. Whilst timescales are extremely important and should be adhered to, particularly within the statutory complaint processes, every effort is made to attempt satisfactory resolution and delays are often experienced due to the availability of either officers or the complainant to meet direct to discuss or due to extended deliberations on resolution. Complainants are kept informed of any delay, the reason for it and when they can expect a further update.

## **2.20 Complaint response at Stage 2**

2.22 At Stage 2, children's statutory legislation states that complaints following the statutory process should be responded to within 25 working days or 65 working days depending on complexity, etc. All complaints at stage 2 within Northumberland have been extended to the 65 working day timeframe due to various issues including complexity of the complaint, the number and availability of staff to be interviewed, contact having to be made with former employees, Covid restrictions and availability of complainants and IO/IP.

2.23 Three complaints recorded in 2020/21 have been escalated to Stage 2. One was a corporate complaint relating to an admissions complaint and therefore not within the statutory process. This corporate complaint was responded to within the 20 working day timeframe agreed for the corporate process. The complaint was not escalated further.

2.24 The two complaints escalated for independent investigation within the children's process are ongoing, with one nearing adjudication stage.

## **2.25 Complaint response at Stage 3**

2.26 Only statutory social care children's complaints can be escalated to Stage 3. This involves 3 independent panellists sitting on a Review Panel to consider the investigations and findings at Stage 2 to ensure the process has been followed correctly, the investigation has been robust and the findings logical and fair.

2.27 Although no complaints taken during 2020/21 have escalated to Stage 3, a total of 3 complaints from the previous year 2019/20 were considered during this financial year. The Review Panels were put on hold at the beginning of 2020/21 due to Covid preventing face to face meetings and the facility for full virtual meetings to be held not being fully confirmed.

2.28 All 3 Review Panels were completed during 2020/21. The Review Panels are the last opportunity for the Council to rectify any issues identified and despite

negotiations for suitable remedy all 3 complainants escalated their concerns to the LGSCO.

### 3.0 External review

#### 3.1 Local Government and Social Care Ombudsman

3.2 The Local Government and Social Care Ombudsman (LGSCO) look at complaints about Local Authorities once a complaint has completed all stages of the Local Authority complaint process. If a complaint has not been considered by a Local Authority, the LGSCO will usually refer it back to the Authority to look into and class this as a “premature” complaint. They are independent of all Government departments and have the same powers as the High Court to obtain information and documents. If they find the Authority has done something wrong they will make recommendations to put things right.

3.3 The LGSCO produce an Annual Letter in relation to every Local Authority to indicate how many complaints have been received during the year, with the outcome of each complaint and an indication of how each Local Authority has performed. All information can be found via

<https://www.lgo.org.uk/your-councils-performance>

3.4 The 2020/21 Annual Letter indicates that the LGSCO received 11 complaints in relation to NCC Education and Children Services during 2020/21 and have also issued 11 decision notices; 2 complaints were Upheld; 4 were closed after initial enquiries; 4 were referred back to NCC for consideration (known as premature referral to the LGSCO) and 1 was deemed invalid/incomplete.

3.5 Of the 2 complaints that were Upheld; the LGSCO were satisfied that NCC had already appropriately remedied 1 of the complaints.

3.6 The LGSCO website only publishes the decision notices where an assessment has been undertaken by them, therefore only 6 of the complaints received in relation to Northumberland County Council were assessed and decisions published.

3.7 A comparison has been undertaken on the statistics available on the LGSCO website to other similar authorities (as determined by LGSCO). The comparison to the available comparators is below:

Council	Closed after initial enquiry	Upheld	Not Upheld	Total
Northumberland	4	2	0	6
Durham	10	4	1	15
Middlesbrough	6	1	4	7
Nottinghamshire	12	6	2	20

3.8 The LGSCO are encouraging local authorities not to become too fixated on the numbers of complaints received and instead focus on outcomes and remedies as they believe that is a true marker of complaint performance.

3.9 Top level information provided on LGSCO’s website shows the Council’s performance in its entirety across all departments and not specifically in relation to

children’s services. However, the figure shown indicates that **45%** of complaints they received and investigated in relation to Northumberland County Council were upheld. Their information advised that this compared to an average of **63%** in similar authorities.

- 3.10 The LGSCO also acknowledged that they were satisfied Northumberland County Council had successfully implemented their recommendations in all cases considered (**100%**). They confirmed this compared to an average of **99%** in similar authorities.
- 3.10 In the final top level comparator identified by the LGSCO, it confirmed that Northumberland County Council had provided satisfactory remedy before the case reached the Ombudsman in **20%** of complaints received. This compared to an average of **10%** in similar authorities.
- 3.11 This would indicate that NCC are performing well in terms of complaint handling and consideration.

## 4.0 Categorisation of Complaints

- 4.1 When complaints are recorded, the Client Relations Team assess and determine the nature of the complaint and what the content relates to. Complaints often involve multiple areas or categories of complaint and therefore the numbers are higher than the number of complaints actually received. For example, one complaint could be about a delay in service but also include an element regard a potential data protection breach. This is now being recorded.
- 4.2 The following table indicates how the complaints were categorised according to the content and nature of the complaint being made.

Category	2019/20	2020/21
<b>Communications/Information</b>	<b>8</b>	<b>22</b>
<b>Delay in Service</b>	<b>1</b>	<b>4</b>
<b>Failure to follow policy/procedure</b>	<b>2</b>	<b>5</b>
<b>Standard of service</b>	<b>20</b>	<b>17</b>
<b>Staff manner/attitude</b>	<b>0</b>	<b>3</b>
<b>Breach of confidentiality</b>	<b>6</b>	<b>2</b>
<b>policy</b>	<b>0</b>	<b>1</b>
<b>Issue with social worker</b>	<b>6</b>	<b>4</b>
<b>Disagree with officer decision</b>	<b>7</b>	<b>1</b>

- 4.3 Communication is now the subject of the largest number of complaints, however, this can be somewhat accounted for by the big change over the last year in the use of electronic communications (text message/teams meetings/instant messenger/What’s App, etc). There is somewhat of an unrealistic expectation from a lot of service users that the allocated social worker should respond in the same instant fashion when they message through these platforms. This is not always possible and it is about managing customer expectations from the outset. This is being tackled in lessons learned.

## **5.0 Lessons learned**

- 5.1 During the past 2 years the Council focus has been very much around using the learning from complaints and other feedback to identify where service improvements may be required. This could take the form of individual staff or team training/supervision or departmental process change.
- 5.2 During 2020/21 a Working Group was created to:
- identify patterns and trends from complaints
  - identify learning from complaints and how this will be disseminated.
  - ensure actions identified within the outcomes of complaints are followed up and it is recorded when actions are completed.
- 5.3 Information is gathered by the Complaints Working Group on a monthly basis and reported to Children's Services Senior Leadership Team (CSCLT). The information and themes for learning are also reported on a quarterly basis to the Quality and Performance Audit Group (QPAG).
- 5.5 Findings within complaint investigations have been used to create a plan for service improvements for the forthcoming year including steps to improve the following:
- Managing communications with parents/service users more effectively in light of the increased use of instant messaging during the pandemic.
  - Working with non-resident parents to ensure they are kept up to date with progress in their child's case.
  - Improved recording to evidence decision making in cases.
  - Improved recording to evidence discussions and follow up to queries by parents/ carers.
  - Improved information regarding framework being operated within and how this is communicated with parents to ensure they understand this e.g if a parent signs section 20 what this means.
  - Recognising and involving necessary outside support agencies, such as domestic abuse workers in parenting assessments.
  - Provide feedback from meetings and distribution of minutes.
- 5.6 A programme of training to address all findings and improve service practice has been created.

## **6.0 Compliments**

- 6.1 Examples of good practice can also be obtained from positive feedback received. All compliments received into the department are recorded and fed back to management. This year 59 compliments have been recorded taken from feedback provided by service users, parents/representatives and other professionals.
- 6.2 Whilst many related to support provided in general and the positive outcomes from the involvement of Children's Services; others related to the quality of specific pieces of work and how this quality was quantified. Any good examples are taken forward to use within training materials.

### 6.3 Anonymised examples from the compliment received are provided below.

- [Social worker] has really gone out of her way to ensure that everything has been done well for the young person meaning the young person has been able to go and live with family. This has been a complex case and the court process has not been easy. [Social worker] has confronted every problem head on and dealt with it. [Social worker] has gone over and above which should be recognised.
- [Parent] remains positive about future supports from Children's Services and [social worker] has helped change their view of Children's Social Care.
- The quality of [foster carer's] care and dedication to meeting [young person] needs has been outstanding..Throughout the care proceedings and while awaiting their move [foster carer] has never failed to advocate for them, build life story work where there has been little material from the birth family and celebrate their short life. [Foster carer] always produced excellent detailed written reports for Looked After Review meetings and gave a real sense of fully understanding the young persons needs. [Foster carer] also tried to build a positive relationship with the birth parents and has given a clear and independent view of what was in [young person's] best interests particularly when the panel date to decide [young person's] future was delayed. This was done very professionally and in my view [foster carer] was right. [Foster carer] is a carer we should all celebrate; a huge asset to Northumberland Children's Services and to the children placed in her care.
- The Judge repeatedly expressed thanks to [social worker] for the work done. [Social worker] pitched and facilitated the introductions between [young person] and [parent] really well; which enabled them both to establish and build on their relationship and has ultimately resulted in the best possible outcome for [young person]. [Social worker] is to be commended for their hard work.
- Excellent quality of [social worker] report and presentation to this morning's ICPC. [Social worker] summarised their concerns and their involvement including the history of past harm. This was a challenging case that required considerable preparation and tenacity to engage the family. [Social worker] engaged the family well; getting them to attend the meeting where they were able to participate. The ICPC was conducted using Signs of Safety material and analysis but due to work by [social worker] the meeting was flexible and smart enough to do this in a way the parents understood. [Social worker] and a good plan which should really help you achieve some positive outcomes for the child.
- Massive thank you to [family first officer] for your involvement. Without you and your work I wouldn't be where I am now. You've taught me so much, this whole thing has given me so much growth & taught me lessons that will last me a life time I am so proud of myself for how far I've come. The kids have been removed from child protection. From the bottom of my heart I thank you so much you truly are amazing at what you do.
- I would first of all like to thank [Early Help worker] from the bottom of my heart for all support with my family over the last 6 months , this [early help worker] is an absolute asset to your team it's rare to meet someone so committed to their job

and it certainly shows how dedicated they are to helping people. I can't ever thank the worker enough so again from the bottom of my heart I wanna thank the early help team for all your input and support ..... I couldn't of got through all of this without you, you've been a god send to my family.

- Anti social behaviour in the Ashington area has been in decline and this is believed to be due to the work of the detached youth project in that area. Well done from Northumbria Police.

## **7.0 Summary**

- 7.1 Lessons learned will remain the focus of this department to make sure service provision is continually reviewed and improved moving forward. This supports the ethos and focus of both OFSTED and the LGSCO. In addition to complaint and enquiry information, the department will be looking at compliments received in order to capture where there are examples of good practice and promote these within the department.
- 7.2 Training will also continue to be provided across the department regarding both complaint processes to improve complaint knowledge and handling in general. The Complaints Manager is engaging with new managers to the department and also attending individual team meetings to promote positive complaint interaction and investigations.

## **8.0 Further information regarding complaints**

- 8.1 Should further information be required in relation to any aspect of this report or the handling of children's social care complaints, please do not hesitate to contact the Complaints Manager for Children's Services on 01670 628888 or via email [clientrelations@northumberland.gov.uk](mailto:clientrelations@northumberland.gov.uk)
- 8.2 Information can also be found on the Council website [www.northumberland.gov.uk](http://www.northumberland.gov.uk)

# **Northumberland County Council**

## **Health and Wellbeing Overview and Scrutiny Committee**

### **Work Programme and Monitoring Report 2021 - 2022**

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Chris Angus, Scrutiny Officer  
01670 622604 - [Chris.Angus@Northumberland.gov.uk](mailto:Chris.Angus@Northumberland.gov.uk)

13 August 2021 - CA

Agenda Item 8

## TERMS OF REFERENCE

- (a) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (b) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (c) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (d) 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.
- (e) To monitor, review and make recommendations about:
- Adult Care and Social Services
  - Adults Safeguarding
  - Welfare of Vulnerable People
  - Independent Living and Supported Housing
  - Carers Well Being
  - Mental Health and Emotional Well Being
  - Financial Inclusion and Fuel Poverty
  - Adult Health Services
  - Healthy Eating and Physical Activity
  - Smoking Cessation
  - Alcohol and Drugs Misuse
  - Community Engagement and Empowerment
  - Social Inclusion
  - Equalities, Diversity and Community Cohesion.

## 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

Whalton Unit - Update on Relocation

**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 2021 - 2022**

31 August 2021

COVID-19 Update: Public Health/CCG

Update on the latest COVID-19 figures and Public Health Strategies.

Complaints Annual Report 2020/2021 - Adult social care, children's social care, and continuing health care services

Annual report on complaints and lessons learnt within Adult's social care. Committee to identify any further areas for scrutiny.

5 October 2021

Healthwatch Annual report

Annual report from Healthwatch Northumberland.

November 2021

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30 November 2021

Addictions Services: Independent review of drugs by Professor Dame Carol Black (CNTW)

Report by CNTW following the publication of the Black report on addictions services. The report will look at service provisions within in the Northumberland area.

4 January 2022

1 February 2022		
1 March 2022		
5 April 2022		

**Northumberland County Council**  
**Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2021-2022**

Ref	Date	Report	Decision	Outcome
1	15 June 2021	NHS White Paper and ICS Update	<b>RESOLVED</b> that the presentation and comments be noted.	No further action at this time
2	15 June 2021	COVID-19 Update	<b>RESOLVED</b> that the presentation and comments be noted.	Further updates to be given.
3	15 June 2021	NUTH Quality Accounts	<b>RESOLVED</b> that the presentation and comments be noted.	NUTH to return with an update on their quality accounts next year
4	26 July 2021	Northumbria Healthcare NHS: COVID Recovery Strategy	<b>RESOLVED</b> that the presentation be noted	No further action at this time
5	26 July 2021	Community Mental Health Transformation	<b>RESOLVED</b> that the presentation be noted	Further information on 'Open Minds Northumberland' would be made available in the forthcoming Members' briefing.
6	26 July 2021	CNTW Quality Accounts	<b>RESOLVED</b> that the presentation be noted	No further action at this time

7	2 August 2021	NHS Partnership Agreement	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>1) the report be received and</li> <li>2) that the Cabinet be informed that the Committee supported the recommendations contained in the report and hoped that the changes would support the advancement of social care and drive further improvement for the residents of Northumberland.</li> <li>3) an update be provided in early 2022 along with complete and detailed financial information to allow Members to fully understand all the implications arising from the changes.</li> </ol>	The Committee's comments were considered at the Cabinet meeting held on 3 August 2021.
9 Page 77	2 August 2021	Proposed Partnership for 0-19 Public Health Services – Consultation	<p><b>RESOLVED</b> that</p> <ol style="list-style-type: none"> <li>1) The report be received.</li> <li>2) A review be carried out in six to nine months.</li> </ol>	A review be carried out in six to nine months.

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