Public Document Pack

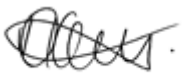
Northumberland
County Council

Your ref:
Our ref:
Enquiries to: Andrea Todd
Email: Andrea.Todd@northumberland.gov.uk
Tel direct: 01670 622606
Date: Date Not Specified

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **MEETING SPACE - BLOCK 1, FLOOR 2 - COUNTY HALL** on **TUESDAY, 1 MARCH 2022** at **1.00 PM**.

Yours faithfully



Daljit Lally
Chief Executive

To Health and Wellbeing OSC members as follows:-

K Nisbet (Vice-Chair), L Bowman, R Dodd, D Ferguson, G Hill, C Humphrey, I Hunter, R Wilczek, V Jones (Chair) and C Hardy

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 of the press and public may tweet, blog etc during the live broadcast as they would be able to during a regular Committee meeting.

Members are referred to the risk assessment, previously circulated, for meetings held in County Hall. Masks should be worn when moving round but can be removed when seated, social distancing should be maintained, hand sanitiser regularly used and

members requested to self-test twice a week at home, in line with government guidelines.

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. 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. Please refer to the guidance on disclosures at the rear of this Agenda letter.

3. FORWARD PLAN (Pages 1 - 6)

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

4. END OF LIFE STRATEGY (Pages 7 - 50)

To receive an update from Alan Bell (Senior Head of Commissioning, Northumberland CCG) following the revision of the end of life strategy.

5. SOCIAL CARE AT HOME - NORTHUMBRIA HEALTHCARE (Pages 51 - 60)

6. REPORTS OF THE SCRUTINY OFFICER (Pages 61 - 78)

(a) Health and Wellbeing OSC Work Programme 2021/22

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

(b) Health and Wellbeing OSC Work Programme 2022/23

To consider the draft work programme for the Health and Wellbeing OSC for 2022/23.

7. 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.

8. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 5 April 2022 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

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

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

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

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

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

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

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal 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.

Forward Plan

FORTHCOMING CABINET DECISIONS MARCH TO JUNE 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
Trading Companies' Financial Performance 2021-22 - Position at the end of December 2021 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2021-22 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)	CSEG 7 March 2022	8 March 2022
Financial Performance 2021-22 - Position at the end of December 2021 The report will provide Cabinet with the revenue financial position as at 31 December 2021 for the Council against the Budget for 2021-22. (R. Wearmouth/S. Dent 01670 625515)		8 March 2022
Final Decision on statutory proposals for Atkinson House This report sets out an analysis of the representations (responses) received from interested parties to the statutory proposal published in relation to prescribed changes for Atkinson House Special School in Seghill, a secondary provision for boys with Social, Emotional and mental health (SEMH) needs in Northumberland during the four week statutory consultation that began on 13 January and closed	FACS 3 March 2022	8 March 2022

on 10 February 2022. Cabinet will be required to make a final decision on whether or not to approve the prescribed changes set out in the Statutory Proposal for implementation with effect from 1 September 2022. (G. Renner Thompson/S. Aviston - 01670 622281)		
Household Support Fund Update This briefing paper provides an update of Northumberland County Council's progress for delivery of the DWP Household Support Fund (HSF) for the period 06th October 31st December 2022 and the initial MI report submitted to DWP on 21/01/2022. (G. Wearmouth/M. Taylor/P. Brooks - 07770981864)	CSEG 7 March 2022	8 March 2022
RDA relocation from Tranwell (Pegasus Centre) to Kirkley Hall Campus (Northumberland College) To summarise an evidence-based cost proposal to prepare Kirkley Hall equestrian area in readiness to accept Morpeth Group RDA as a base for their ongoing operation. (Confidential report) (G. Renner Thompson/ N. Dorward - 07811 020 806)	FACS 3 March 2022	8 March 2022
Longframlington Neighbourhood Plan To seek approval to formally 'make' the Longframlington Neighbourhood Plan. The Plan passed independent		8 March 2022

examination in October 2021 . A local referendum held in the Parish of Longframlington on 20th January 2022 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/Chris Anderson 07966 329338)		
Development of the Potland Burn Biodiversity Net Gain Site A report setting out the expenditure required for the creation and management of new habitats at Potland Burn former surface mine to provide biodiversity net gain for Britishvolt, and setting out likely net gain requirements for future inward investment such as for supply chain companies associated with Britishvolt. (C. Horncastle/D. Feige - 01670 622653)	TBC	8 March 2022
Climate Change Update To update on progress against the climate change action plan 2021-23 and next steps (G. Sanderson/M. Baker - 07957 385638)	C&P 2 March 2022	8 March 2022
Adoption of the Northumberland Local Plan (2016 – 2036) To present the Inspectors' Report into the independent examination of the Northumberland Local Plan and to seek Cabinet's approval to recommend that the Council approve		29 March 2022 Council 30 March 2022

the adoption of the Northumberland Local Plan (2016-2036), including the Policies Map, as amended by main modifications and additional minor changes, following its Independent Examination by the Planning Inspectors appointed by the Secretary of State. (C. Horncastle/ Joan Sanderson (01670 623626)		
Blyth Relief Road To provide an update on progress made towards Blyth Relief Road and secure approval for next steps. The report will outline: - Route alignment proposals - Key information from the Outline Business Case - Next steps (W. Ploszaj/S. McNaughton 07827 873139)	CSEG 11 April 2022	12 April 2022
Berwick Partnership Organisation This report sets out the findings of the informal meetings that have taken place with schools in the Berwick Partnership since April 2021 to discuss the organisational issues facing the partnership and to identify potential models of organisation that could address those issues. The results of an informal survey with parents and the wider community in the area served by Berwick Partnership are also included in the report. Cabinet is also asked to permit the initiation of a further period of informal consultation with stakeholders in the area served by Berwick Partnership schools to establish whether	FACS 7 April 2022	12 April 2022

any models of organisation that may be brought forward at a later date for consultation should consist of only 3-tier models of organisation or include 3-tier and 2-tier (primary/secondary) models of education. (G. Renner Thompson/S. Aviston - 01670 622281)		
Bus Service Improvement Plan/Enhanced Partnership For Cabinet to approve, subsequent to a prior consultation and objection period and statutory consultation period, the proposed Enhanced Plan and Scheme(s). The Enhanced Plan and Scheme is a proposed statutory partnership with regard to a statutory transport plan including the Bus Service Improvement Plan. Cabinet would have to approve prior to these being considered by the Joint Transport Committee on 15 March 2022. The Enhanced Plan and Scheme (s) need to be approved by deadline imposed by Central Government of 1st April 2022. (W. Ploszaj/R. O'Farrell/H. Lancaster – 01670 623323)	C&P 6 April 2022	12 April 2022
Community Chest 2022/23 To consider proposed changes to the operation of the Community Chest scheme in line with recommendations made by Elected Members as part of the recent review of Local Area Councils. (B. Flux/T. Kirsop - 07917 266864)		12 April 2022
Procurement of Specialist Dementia Service The report will seek approval for funding of a Specialist Dementia Service. Cost of the service is approximately £967,000 per year. The costs will be shared with the NHS		12 April 2022

and come from within existing resource. (W. Pattison/Neil Bradley 01670 622868)		
Financial Performance 2021-22 – Provisional Outturn 2021-22 The report will provide Cabinet with the revenue financial position as at Provisional Outturn for the Council against the Budget for 2021-22 (R. Wearmouth/S. Dent 01670 625515)		7 June 2022
Trading Companies' Financial Performance 2021-22 - Position at the end of March 2022 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2021-22 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)	6 June 2022	7 June 2022
Trading Companies' Financial Performance 2022-23 - Position at the end of June 2022 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2022-23 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)	12 September 2022	13 September 2022

NHS
Northumberland
Clinical Commissioning Group

Northumberland Palliative Care and End of Life Strategy March 2022

Alan Bell – Head of Commissioning
Andrew Sewart – GP Lead

Challenge from OSC

- Recommendation from Northumberland Overview and Scrutiny Committee (OSC) to review current End of Life strategy and update as required
- To ensure strategy reflects the health and social care system including voluntary/community groups
- The need to engage further with local population including hard to reach groups
- Strategy will encompass care in hospital, out in the community and within peoples homes

How?

- Formation of a task and finish group
  - Representation: Local councillors, Patient representative, Healthwatch, Social Care, Secondary care Palliative Care Lead, Geriatrician, Community Palliative Care Lead, Public Health analysts, Communicative & Engagement leads, GP Lead, CCG Lead
  - First met in January 2020, paused during COVID pandemic then reconvened virtually in late 2020 and met throughout 2021
- Developed a workplan to refresh our strategy

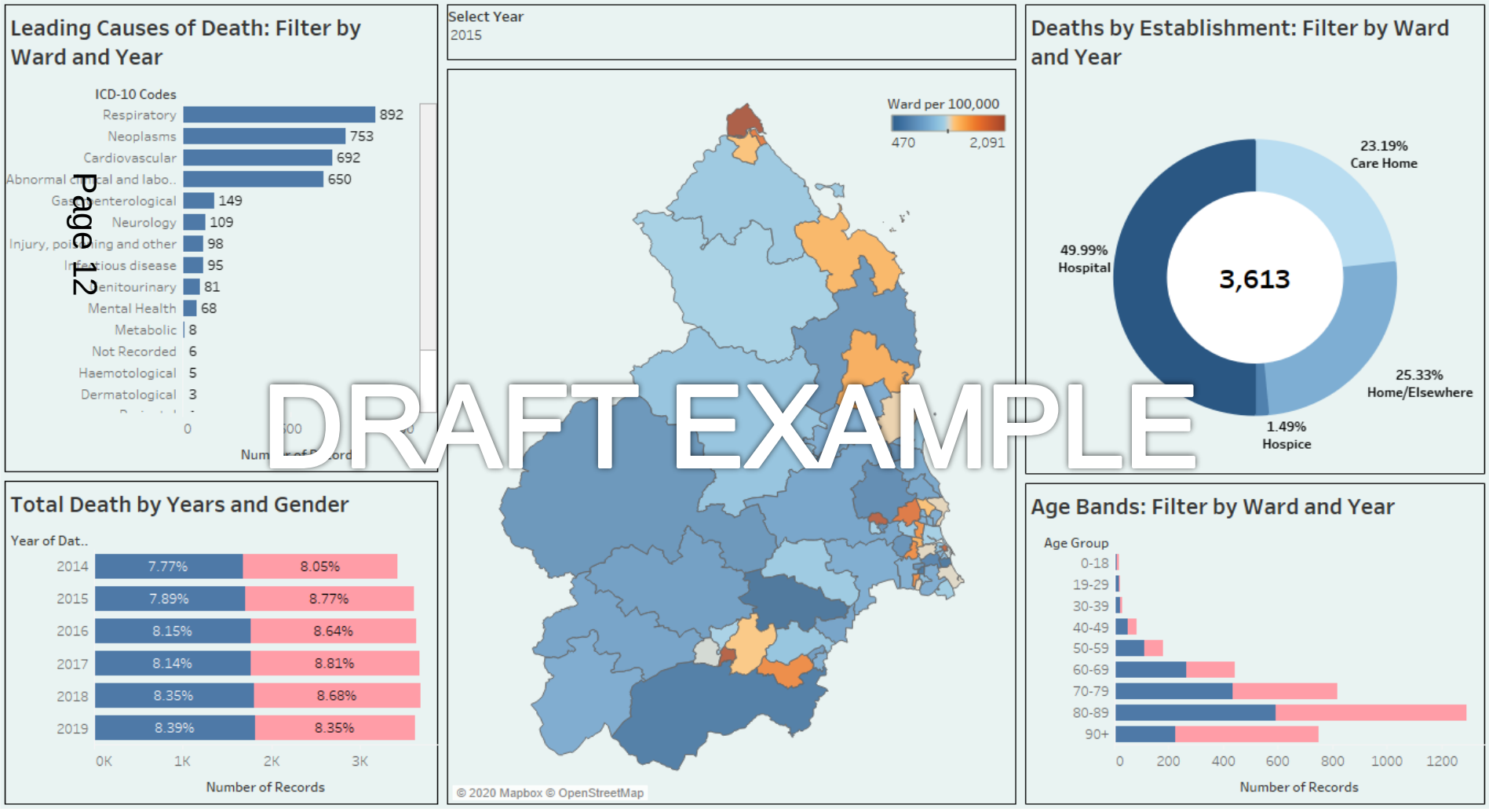
Our Approach

- The task and finish group set out to:
  - **Understanding the Data**: What does it tells us? How can we use data better?
  - **Service Mapping**: Professional and clinical engagement to understand the current pathway in the community and in hospital, identify what is working well and if there are any gaps
  - **Engagement**: Ensure comprehensive engagement with Public, Patients and the voluntary sector
- Develop our future plans, priorities and defining how we monitor success
- Rollout of our Strategy with communications plan

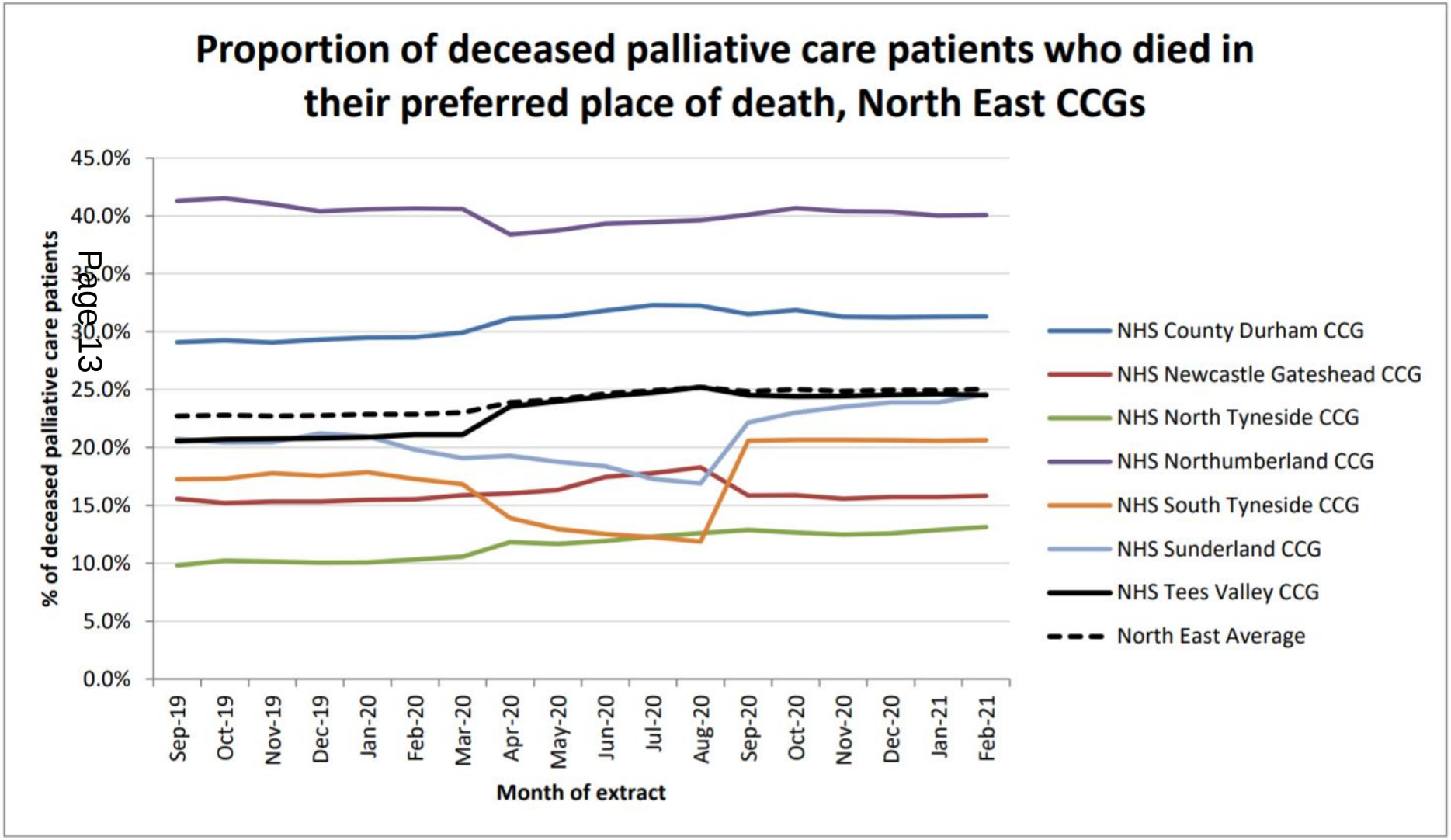
Understanding the Data

- Collection of a wide variety of data with support from Public Health teams at Northumbria Healthcare FT and Northumberland County Council
- Interactive software 'Tableau' to drill down into the available data sources
- Data items include:
  - Causes of death
  - Demographics
  - Place of death
  - Graphical mapping to ward level
  - Comparison by year, area
  - Mortality rates

Data Dashboard - Screenshot



CCG Comparison Report



Service Mapping

- Group have used the National Council for End of Life ambitions
  - National Council overarching vision:

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"

Service Mapping

Based on the National Council for End of Life ambitions

01 Each person is seen as an individual

I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.

02 Each person gets fair access to care

I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.

03 Maximising comfort and wellbeing

My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.

04 Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

05 All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

06 Each community is prepared to help

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

Service Mapping: “Building Blocks”

- For each of the 6 National Council ambitions, providers were asked to identify current services, what works well and gaps
- Example:

<u>Ambition 1: Each person is seen as an individual</u>
Building blocks to achieve this ambition
Effective systems are in place to reach patients who are approaching end of life
Patients to be given information, support and advice so they can make decisions regarding palliative and end of life care
Rapid access to needs based social and health care
Good end of life care includes bereavement

Engagement

- Review of previous work including: ‘A Good Death’ 2009, Good Death Charter 2010 (North East), Every Moment Counts 2015 (National), End of Life Care 2018 (IPPR)
- Comprehensive engagement conducted in 2021 through a range of online and in person sources including Healthwatch, Independent Qualitative and Quantitative research including a citizens panel and targeting those with protected characteristics, public focus groups with involvement from voluntary sector, Staff focus groups
- Consideration of how information collected supports the mapping exercise across each of the 6 Ambition areas
- Introduction of the Concept of “Our Community Commitment”: we all work together to make things better

Our Priorities

- For each ambition, we have:
  - Identified Best Practice
  - Understanding County Wide Variation
  - Gaps in Service Provision
  - Priorities
  - Outcome Measures

Delivering our Strategy

- Establish a **Northumberland End of Life and Palliative Care Monitoring Group** to:
  1. Ensuring all Northumberland residents have access to palliative care support at the time they need it
  2. Ensuring promotion of ‘our community commitment’ across Northumberland so residents know what they can expect if they need palliative and end of life care
  3. Regular review of whether we have delivered on our palliative and end of life care priorities to embed best practice, close any regional variation and address gaps in service provision
  4. Understanding of the full End of Life pathway and appreciation of peoples preferences at End of Life
  5. Highlighting and addressing any inequalities identified within access to End of life and palliative care

Communication Approach

Objectives

- To present a clear and easy to understand way to access Northumberland's Palliative Care and End of Life strategy
- To encourage conversations about what constitutes a good death and share this with loved ones as well as care providers
- Remove the perceived taboo around discussing death and end of life to allow open discussions about what we expect and require

Approach

- Introduction of "Our Community Commitment"
- Information Booklet and supporting materials
- Launch across a range of accessible platforms and
- Use of Death Café toolkit

Our Community Commitment

We will…

We want you to…

Together we will…

Conclusion

- Comprehensive refresh of Northumberland Strategy for Palliative and End of Life Care
- Plans in place to take forwards Priorities
- Establishment of Monitoring Group to ensure high quality care continues
- Communication Plan to support the rollout our strategy and encourage support through ‘Our Community Commitment’
- The start of our journey together

Northumberland Palliative and End of Life Care Strategy

Introduction

In 2019, Northumberland County Council Overview and Scrutiny Committee (OSC) tasked Northumberland Clinical Commissioning Group (NCCG) to develop a county wide strategy for palliative and end of life care for all the residents of Northumberland. The vision set out by OSC is for residents of Northumberland to receive the highest quality palliative and end of life care when needed. For the strategy to truly deliver on this vision it must be system wide, working across health and social care and the voluntary and charitable sector, encompassing care in hospitals, hospices, the community and residents own homes. Engaging with the residents of Northumberland, and ensuring hard to reach groups have equitable access to high quality palliative and end of life care.

To develop this strategy NCCG established a system wide task and finish group made up of representatives from health and social care, the voluntary sector, patient representatives and councillors from Northumberland County Council.

The task and finish group adopted a four-stage process to develop the Northumberland palliative and end of life care strategy:

- Understand how palliative and end of life care is currently delivered across Northumberland.
- Identify best practice, regional variation and gaps in service provision.
- Identify priorities across the system so that this best practice can be embedded, county-wide variation can be closed and gaps in service provision addressed.
- Describe what success looks like and how this can be measured.

Section 1 – What are we already doing

The working group are committed to understanding how palliative and end of life care across Northumberland is currently delivered. To fully understand the current palliative and end of life services, we have explored a wide range of available data sources including data from primary, community and secondary care, the national mortality index database, service mapping, engagement surveys and case studies.

In order to give a context to the wealth of information which has been collected, we have used the National Council for End of Life Ambitions which sets out the six ambitions that need to be achieved, to accomplish our vision of delivering the highest quality palliative and end of life care. Within each ambition are the building blocks required to achieve that ambition, and we have mapped current services against these building blocks, identifying best practice, regional variation as well as gaps in service provision.

Ambition 1 - Each person is seen as an individual

"I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to what's possible."

Building Blocks to Achieve this Ambition

- Effective systems are in place to reach patients who are approaching end of life.
- Patients to be given information, support and advice so they can make decisions regarding palliative and end of life care.
- Rapid access to needs based social and health care.
- Good end of life care including bereavement support.

What we have discovered?

Northumberland encompasses both extensive rural areas to the north and west of the county and urban areas in the south-east with a population density of 64 people per sq km, which is less when compared to neighbouring counties such as, County Durham (324/Km^2), Carlisle (74/km^2) and North Tyneside (2326.5/km^2).

The average life expectancy in Northumberland is approximately 79.4 years for males, which is similar to the England average of 79.6 years, whilst females can expect to live 82.7 years, compared to the England average of 83.2 years.

Alongside an ageing population, deprivation is also a key challenge. There is a difference in life expectancy of 16 years from the least deprived, to the most deprived area, with the most well off expecting to live up to 92.3 years whilst the least well off to 76.4 years.

While absolute life expectancy is a useful indicator, healthy life expectancy is arguably a more poignant indicator of health as this informs us how long we can expect to live before we are diagnosed with some form of chronic medical condition. We can see that the least deprived regions have an average healthy life expectancy of 70.4 years whilst the most deprived can expect an average of 53.0 years of healthy life, showing a stark difference of 17.4 years.

All of the population health data for all ambitions is set out in detail with the Public Health Tableau dashboard (Dashboard in process of being finalised).

What are we doing well?

All GP practices hold regular Multi-Disciplinary Team (MDT) meetings which include members of the wider community team. This gives the opportunity to identify patients with a palliative diagnosis (both cancer and non-cancer patients). The community nursing team reviews, all identify patients and where appropriate, adds those to the palliative care register with a colour coded status of red/amber/green dependent on prognosis.

Through regular MDT meetings, known patients' needs are identified and care plans are put in place, for example by application of the Gold Standards Framework. This includes use of Emergency Healthcare Plans (EHCP) to empower patients and their carers while guiding health professionals involved in their care. The EHCP is shared with all stakeholders including North East Ambulance Service (NEAS), Out of Hours GP, carers, and secondary care.

There is provision of 24/7 'hands on' care support for patients in their own home in South/Central areas of Northumberland from the Macmillan Care Support Team (MCST). This team provides care support, meals, carer relief and end of life 'sits' with patients and relatives if needed. In the north and west of the county this support is through North Northumberland Hospice and Tynedale Hospice at Home respectively (although the MCST try and help where able).

There is bereavement support from Macmillan Support Services, Specialist Palliative care teams, North Northumberland Hospice and Tynedale Hospice at Home and St Oswald's Hospice. There is an identified Northumbria Community Team key worker for each patient receiving support.

Are there gaps?

There is a shortage of carers, particularly in rural areas, limiting the availability of care packages and opportunity for residents to be managed in their own home. There is access to community hospital palliative care beds dependent on area e.g. Haltwhistle community hospital in the west, though outside core hours, patients may initially get admitted through an acute bed.

If a patient requests a private room at end of life every effort is made to ensure this, although unfortunately there is not a guarantee, due to bed capacity issues.

Ambition 2 - Each person gets fair access to care

"I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life."

Building Blocks to Achieve this Ambition

- Equality of palliative and end of life care regardless of where patients live or their life circumstances, in particular focussing on black, Asian and minority ethnic (BAME) patients, those with learning difficulties or non-malignant chronic conditions, and those patients living in rural or deprived communities.
- Address variations in access to good palliative and end of life care related to different care settings e.g. home vs hospice

What we have discovered?

When we reviewed place of death roughly 50% of all deaths are within a hospital setting and this is a consistent trend across the years.
Of the deaths in a hospital setting, 10% occur within the Specialist Palliative Care Unit or a Community Hospital which would be classified as a hospice death.
The data also indicates that over half of patients are supported to die in their preferred place of care/death.

We also reviewed deaths according to rurality. Approximately half die in hospital (including Alnwick, Berwick and Haltwhistle community hospitals); there are very few deaths in hospices though this may be expected given their urban locations.

As part of this analysis, we also reviewed the causes of death. The most common category of death across Northumberland is cancer, of which lung cancer is the top cause. For deaths which occurred at home (whether own home or care home) the most common cause was 'Frailty of Old Age'. For deaths in hospital the most common cause was pneumonia.

We are also able to review distances travelled from usual home address to place of death which showed that the average distance travelled (as the crow flies) was 9.3km, 7.4km and 7.6km for the years 2017-2019. This respectively demonstrates the distances travelled have reduced over the last few years, which suggests that end of life care is being delivered closer to home.

With regards to availability of support services there are Specialist Palliative Care Nursing teams, Therapy staff and Social Care Services based in Alnwick (North), Hexham (West) and Ashington/Blyth (South Central).

Macmillan Support Services are based in North Tyneside Hospital providing bereavement, befriending and information support for patient/carers across all of Northumberland. This service is led by Northumbria Healthcare Trust co-ordinators and supported by volunteers to provide on-going support. This support includes bereavement support, advice re benefits and befriending services such as 'walk and talk' groups for patients to meet others in similar situations.

Macmillan Care Support Team (MCST) provide 'hands on' care to palliative and End of Life patients 24/7 to enable them to remain in their own home. This service is made up of trained healthcare assistants. The cover is primarily for South/Central area though limited support is possible for residents in the North and West areas. MCST also links in with North Northumberland Hospice and Tynedale Hospice at Home to support patients in North and West Northumberland. There is also support given to palliative and end of life patients from District Nursing teams and Specialist nursing teams (e.g. heart failure nurses) based in a variety of bases but covering all of Northumberland. There is also palliative care provision across all of our hospital sites, namely Cramlington (NSECH), Ashington (Wansbeck), Blyth, Alnwick, Berwick, Hexham and Haltwhistle. Marie Curie and St Oswald's hospices also provide inpatient and day support for Northumberland palliative care residents.

What are we doing well?

In primary care, palliative case findings incorporate cancer and non-cancer diagnosis e.g. frailty of old age and chronic long term conditions and these patients are reviewed in MDTs within practices and increasingly at a primary care network (PCN).

In the West, a Palliative Care Partnership conducts an annual death audit within general practice, which promotes learning from deaths e.g. review of number of patients who died at their preferred place of death. Northumbria Healthcare Trust (NHCT) take part in regular death audits, including the National Audit of Care at the End of Life (NACEL) and FAMCARE (which measures family and carer satisfaction with their palliative care).

The consistent use of Emergency Health Care Plans (EHCPs) and Do not attempt cardiopulmonary resuscitation (DNACPR) helps to avoid inappropriate admission to acute setting to support patients dying in their preferred place of care.

There is support for all palliative patients regardless of diagnosis or area from GPs and all NHCT services including Community Nurses and Specialist Palliative Care Teams across all of Northumberland. There are information leaflets given to patients to explain all palliative care services available and includes the Macmillan Support Services bereavement leaflet.

For learning disabled patients with palliative care needs, there is support from a Macmillan Learning Disability community nurse, the Macmillan mental community nurses and the Northumbria inpatient learning disabilities nursing team

Are there gaps?

There are variations in support in areas of Northumberland, for example the North has North Northumberland Hospice Care, and the West has Tynedale Hospice at Home; in South and Central Northumberland the Macmillan Cancer Support Team (MCST) provide a similar service.

The community hospitals at Haltwhistle, Alnwick and Berwick can accept direct palliative care admissions though this is restricted to normal working hours between

Monday to Friday, outside of this time patients are required to go via NSECH. Deaths that occur in these community hospitals, which serve the more rural communities of Northumberland, would be classified as hospice deaths. as would those that occur in the specialist palliative care unit at Wansbeck, serving the South-East part of our county. Due to the geography of Northumberland, it would not be feasible to build a hospice to serve all of the residents of Northumberland, especially when patients and their loved ones want their end of life care provided closer to home. The focus therefore has to be on delivering the highest quality palliative and end of life care as locally as possible, whether that is in the patient's own home or one of the local hospitals in accordance with the patient's own wishes.

We recognise the challenges in engaging with harder to reach groups; there are, however, easy read resources available for residents with a learning disability and translated resources for those residents whose first language is not English. However, we are rolling out passports to My Health and Wellbeing for patients with mental health affected by cancer to help navigate support and treatment.

Ambition 3 - Maximising comfort and well being

"My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible."

Building Blocks to Achieve this Ambition

- Skilled assessment and symptom management.
- Access to specialised palliative and end of life care when required.
- Addressing all forms of distress, alongside physical symptoms, such as psychological, social or spiritual.

What we have discovered?

Across Northumberland the palliative care experience of patients and their families is collected both in the hospital and community setting. The information for the palliative care ward at Wansbeck will be available as an Appendix. The unit regularly receives ratings from patients of 'very good' or 'good'.

Regarding training for our healthcare professionals, there is the Palliative Care Academy to support with the education and training of staff to promote the care of palliative care patients. There is a rollout of prescribing training for all Specialist Palliative Care nurses, so they can prescribe palliative drugs which will ensure palliative care patients receive symptom control in a timely and appropriate manner.

There is psychological support from the Specialist Palliative Care team for all palliative care patients. There is chaplaincy support for in-patients. There is social work and care manager support for clients/patients including Macmillan Social workers in all areas.

For urgent referrals into the Palliative Care service there would normally be a response within 24 hours (or less) and for non-urgent referrals approximately a week. All patients who have appropriate needs are supported. For less complex cases their palliative care needs are often met by community nurses, social care or occupational therapy.

What are we doing well?

Community nurses and GPs all have experience in managing palliative care patients. The community teams work with support from Macmillan nurses and have good links with community palliative care consultants. There is same day referral to community palliative care team (Monday to Friday 9am-5pm and a 24-hour phone line for advice). The community nurses undertake holistic assessment as part of end of life care.

Northumberland has a particularly active voluntary and community sector which works very much in partnership with palliative care services.

The additional support and capacity which they offer is very much valued within the Northumberland system. An appendix will be published which details the Voluntary agency support in Northumberland for the range of range of VSCE providers across the area.

Are there gaps?

There is training offered by the Palliative Care team to GPs, community nurses and hospital ward staff depending on need, although the training is not mandatory for all staff groups.

There are some differences in palliative and end of life care provision between Northumberland and North Tyneside. In both areas there is provision from 8.30am-5.00pm - Monday to Friday with Specialist Palliative Care service including Nurses, Consultants and Therapists. However, in North Tyneside, there is also a commissioned urgent response (within 1 hour) specialist palliative care nursing service (PCNS) from 9.00am until 7.00pm, 7 days per week including bank holidays. This urgent service responds to crisis situations such as symptom control, pain management, carer stress/breakdown, to support the patient to remain in their own home, and many of the calls are regarding symptom control. The PCNs service in North Tyneside is made up of nurses who are independent prescribers who can prescribe medication when needed, without the need of an Out of Hours GP. In Northumberland not all palliative care nurses are prescribers, although the service is working towards this, and there is not any out of hours PCN support. Therefore, if a patient is suffering symptoms, it would necessitate a call to an Out of Hours GP which can cause delays for the patient due to the pressure of calls and the geography of Northumberland.

There is also a Hospital Liaison Team (HLT) which is based on 3 main Trust sites (WGH, NSECH and North Tyneside) and they currently work Monday to Friday 8.30am-5.00pm. The service provides support to all wards but particularly to the emergency department at NSECH to try and prevent unnecessary hospital admissions and to get patients safely back to their preferred place of care. This service is not routinely available on weekends/bank holidays, although the team have tried to provide some cover at weekends/bank holidays on a voluntary basis which has proven to be invaluable and supported the flow of patients significantly as well as giving a quality service. There is also a North East Ambulance Service (NEAS) palliative care ambulance that conveys patients from hospital to their preferred place of care though again this is not a seven-day service.

Interestingly, data shows that there are consistently half the number of palliative patients from North Tyneside in comparison to Northumberland admitted to hospital. Although there are multifactorial reasons for this it is felt that the North Tyneside urgent response element of the Palliative Care Nursing Service has contributed significantly to these results.

There is the hospice advice line which operates over evenings and weekends, where health professionals can obtain palliative care advice from both specialist nurses and the on-call palliative care consultant.

However, there is also a national target to provide remote clinical advice to health professionals overnight as well; this 24/7 service is not currently available within Northumberland.

Ambition 4 - Care is coordinated

"I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night."

Building Blocks to Achieve this Ambition

- Care records which set out patient's needs, and preferences are shared with their consent, with all those involved in their care.
- Care is optimised using a system wide multi-disciplinary team approach.

What we have discovered?

The coordination of care is delivered through consistent use of multidisciplinary team (MDT) meetings which are open to palliative care services. The hospital MDTs happen weekly, to discuss patients open to the palliative care service and ensure services around the patient are joined up. These MDTs include consultants, nurses, social workers, occupational therapists, physiotherapists and technical instructors. Where required, there are joint home visits with GPs, Community Nurses and Specialist Palliative Care staff.

The teams within our community health can quickly and easily share medical records as the majority use the same computer system. The social care records are held using a differing system and are shared with the residents and family where appropriate.

What are we doing well?

The teams within primary care, community nursing, palliative care and community hospital use a shared clinical system (SystmOne) which promotes continuity of care. Patient paper plans (e.g. EHCP, end of life pathway documentation) are transferable from community to hospital and back with the patient.

The EHCP/DNAR/ADRT documentation are shared with NEAS, Out of Hours GP, GP practices, community nurses, care agencies, relatives, community hospital, hospice and palliative care teams with consent.

EHCP are often written in conjunction with the palliative care team, and where necessary specialist teams such as haematology, heart failure or respiratory nurse specialists and hospital consultants. There is an electronic referral process for GPs, DNs, consultants and other professionals to refer into the palliative care service. There is a single point of access (OneCall) for all referrals to social care with one telephone number for all of Northumberland.

In the West there is the palliative care partnerships which improves the coordination of working, and reviews care carried out via the death audit to support future learning.

Are there gaps?

The records between health and social care cannot currently be shared due to incompatibilities in the computer systems. In practice this results in a health professional who needs social care information calling One-Call and a social care professional who needs health information calling either the community nursing or GP practice.

While a majority of Northumberland GP practices use SystmOne there are a few practices on a different clinical system (EMIS) which prevents easy sharing of information with other community facings teams. Furthermore, care plans are often in paper form which could potentially limit the sharing of information across the system in a timely and appropriate way.

Ambition 5 - All staff care

"Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care."

Building Blocks to Achieve this Ambition

- All staff, at every level, delivering palliative and end of life care are trained, supported and encouraged to provide high quality care.
- All staff involved in palliative and end of life care must understand and comply with relevant legislation that seeks to ensure an individualised approach e.g. Mental Capacity Act, safeguarding responsibilities.
- Every organisation should have clear governance at board level for high quality palliative and end of life care.

What we have discovered?

All Community Nurses, GPs and hospital staff have mandatory training on the mental capacity act, safeguarding and deprivation of liberty (DoLS). The Specialist Palliative Care Team staff all undertake training in palliative and end of life care. The staff also train GPs, DNs, Social Care and acute staff in ensure they are prepared to care for palliative and end of life. There are clear governance processes in place for both social care and Specialist Palliative Care teams about clear escalation of information/treatment plans as required.

Staff have the opportunity to reflect on deaths including collection of case studies (Full details will be published as an Appendix).

What are we doing well?

Our experienced specialist palliative care teams support the wider health and care teams in palliative care and end of life pathways.
As mentioned earlier, there are a range of support teams including the Macmillan Support Services and Macmillan Care Support Services

All community nursing and GPs have experience in managing palliative care patients. For example, some matrons have previously worked as Macmillan nurses. There are opportunities for community and primary care teams to reflect following a death. Each GP practice has a named clinical lead for palliative care. In the West, this lead attends the palliative care partnership.

The Macmillan support services, and specialist palliative care teams provide holistic care to each individual. The patient experience surveys have highlighted the positive feedback that patients have given both in acute and community settings. It has demonstrated the compassionate care within the organisations involved.

Are there gaps?

End of Life care training is not yet mandatory for all hospital staff, but it is hoped that on the back of the NACEL (National audit for care at the end of life) report that this

will become mandatory. The Palliative Care Hospital Liaison team has developed a training passport for general ward staff to complete and evidence palliative care training.

Ambition 6 - Each community is prepared to help

"I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well, and to support each other in emotional and practical ways."

Building Blocks to Achieve this Ambition

- Voluntary organisations are supported and valued as part of the system wide multi-disciplinary team approach.
- Improve public awareness of the challenges patients face and a better understanding of the help that is available for palliative and end of life care.
- Promote public health approaches to palliative and end of life care e.g. Dying Well Community Charter.

What we have discovered?

There are well established joint working and contract arrangements between Northumbria Healthcare Trust and other palliative care organisations such as North Northumberland Hospice, St Oswald's, Marie Curie and Tynedale Hospice at Home. There are links and referrals made to other voluntary agencies including Cruise, Winston's Wish, Darcey's Dream, FACT, Barnardo's Mosaic and Orchard projects. In the West, Tynedale Hospice at Home, Lifespan, cancer support group, Northumberland carers all attend the Palliative Care Partnership. Other examples of working across communities include the community matron undertaking education sessions at local Women's Institute, around planning for the future and a good death.

There are a range of voluntary sector organisations who are actively engaged in palliative and end of life care. This includes a range of bereavement services who offer additional support before and after death (Full details will be published as an Appendix).

As part of this strategy review, we sought the views of the residents of Northumberland on palliative and end of life care. The engagement report (full details will be published as an Appendix) has highlighted that many residents are reluctant to talk about death and dying. In this regard a number of 'Death cafes' have been held in Northumberland, with the objective of increasing awareness of death with a view to helping people make the most of their lives. It allows a range of members of the community to attend and discuss the subject in a supportive environment. There has been positive feedback from these 'Death cafes' and as a result there are more planned.

There are information hubs for palliative and cancer sufferer patients to enable them to access relevant information when needed. There are support planners within social care who are able to signpost patients and provide information on services. Leaflets are available to patients/carers on what support is available.

What are we doing well?

We work closely with a number of voluntary sector organisations in support of palliative and end of life care, and they provide an invaluable resource to Northumberland residents.

Are there gaps?

From the engagement report, a significant number of Northumberland residents do not feel ready or willing to talk about death and dying. This is a complex and sensitive topic area which needs to be approached through our strategy.

We are also aware that the care and voluntary sector are under significant resource pressure. The availability and consistency of this valuable resource can vary across Northumberland but is integral to providing excellent palliative and end of life care to our Northumberland residents.

Section 2 – What we need to address

The mapping exercise in section 1 has demonstrated the depth and breadth of palliative care and end of life services across Northumberland. The second part of the strategy development involves identifying best practice, county-wide variation (where it exists) and gaps in the provision of services. This will objectively inform what we as a system need to prioritise to ensure residents of Northumberland receive the highest quality palliative and end of life care when needed.

In the table below we have summarised best practice, regional variation and gaps in service provision for the six National Council for End of Life ambitions:

Ambition	Best Practice	County-wide Variation	Gaps in Service Provision
Each person is seen as an individual	Well established palliative care registers An emphasis on proactive care Good bereavement support	There is a shortage of care staff in rural areas limiting opportunities to be cared in own home	Access to community hospital palliative care beds is during working hours only
Each person gets fair access to care	Learning disability nurses provide support for learning disabled patients with palliative needs There are information leaflets for palliative patients: easy read and translated		We need to ensure harder to reach groups e.g. BAME community, are aware of what palliative care services are available
Maximising comfort and well being	There is good access to urgent and non-urgent palliative care support during core hours. A holistic approach is adopted when assessing patients palliative care and end of life needs		Single room in hospital for end of life care cannot be guaranteed The specialist palliative care service does not operate over weekends in the community.

			There is no access to overnight palliative care advice for health professionals. NEAS palliative care ambulance only operates during working week
Care is coordinated	Multi-disciplinary team (MDT) working is well established. Emergency Health Care Plans (EHCP) are recognised across the system. There is a well-established culture of information sharing across the system		Care plans are often paper based which potentially limits their ability to be shared across the system
All staff care	Evidence demonstrates compassionate care across all organisations There is training available for all staff: both mandatory and optional		End of life training is not mandatory for all hospital staff
Each community is prepared to help	There is well established working with the voluntary care sector (VCS) Death cafes have received positive feedback	The VCS often work on a local rather than county-wide footprint	Some Northumberland residents do not feel ready or willing to talk about death and dying

Section 3 – Our Palliative and End of Life Care Priorities

This section sets out our palliative and end of life care priorities so as to embed best practice, close regional variation and address gaps in service provision. This will ensure we achieve our vision of all of our residents in Northumberland receiving the highest quality palliative and end of life care.

Ambition	Priority	Outcome Measure
Each person is seen as an individual	We will develop pathways to allow access to community hospital palliative care beds 24/7 with appropriate clinical assessment	Community hospital palliative care bed admission pathway for 24/7 access
Each person gets fair access to care	We will work closely with community and voluntary groups to ensure views from the diverse range of groups representing Northumberland residents are heard and acted upon.	Engagement with our broad and diverse communities across Northumberland
Maximising comfort and well being	To improve access to single bedrooms where requested for end of life care. Support recording of preference for single bedroom. Improve access to specialist palliative care in both hospitals and the community outside core hours. Improve access to palliative care advice including overnight in line with national recommendations To improve availability of palliative care ambulances at the weekends and out of hours	The option to offer single bedroom rooms when requested for end-of-life care Increased provision of specialist palliative care support outside core hours both within hospital and the community Ensure palliative care advice to health professionals is available 24/7 either by phone or video consultation. Increased availability of palliative care ambulances to convey patients to their preferred place of care/death
Care is coordinated	To promote multidisciplinary team working between health and social care providers. To support electronic sharing of information between health and	Ensure effective MDT working is established across all GP practices in Northumberland Electronic information sharing platforms are

	care providers to support palliative care provision including discharge and care plans	available and accessible to all health and care workforce
All staff care	Appropriate level of best practice training is available and taken up by all relevant health and care staff including consideration of communication training on difficult conversations around death and dying	Improved uptake of best practice palliative care training (mandated or optional dependent on staffing group)
Each community is prepared to help	Increase availability of discussion forums such as “Death Cafes” to support development of community action Rollout in our “community” so residents understand our vision of providing the highest quality palliative and end of life care when needed	Wider roll-out of “Death Cafes” Increased public awareness of our “community commitment”

Section 4: What does success look like

We need to give consideration to how we measure the success of our strategy in ensuring all of our residents in Northumberland receiving the highest quality palliative and end of life care and how this care is maintained.

A **Northumberland End of Life and Palliative Care Monitoring Group** will be convened. This Monitoring Group will meet regularly to monitor performance, recommend areas for improvement and implement required changes across the End of Life and Palliative Care pathway. This Monitoring Group will be formed with stakeholders from across the health and care system, voluntary sector and be public facing. Terms of reference will be established, with agreement of all stakeholders. It is expected this group will meet at least once per year.

The remit of the Monitoring Group is expected to cover:

1) Ensuring all Northumberland residents have access to palliative care support at the time they need it.
2) Ensuring promotion of 'our community commitment' across Northumberland so residents know what they can expect if they need palliative and end of life care.
3) Regular review of whether we have delivered on our palliative and end of life care priorities to embed best practice, close any regional variation and address gaps in service provision.
4) Understanding of the full End of Life pathway and appreciation of people's preferences at End of Life.
5) Highlighting and addressing any inequalities identified within access to End of life and palliative care.

The monitoring group will review a range of qualitative and quantitative data sources including:

1) Patient, carer and staff surveys across Northumberland.
2) Activity and Outcome Data from community and hospital services including preferred place of care/death, access to services, effectiveness of interventions access to private room for end of life.
3) Comparative data such as Office of National Statistics, Mortality Database and regional data.
4) The Northumberland Public Health Tableau End of Life and Palliative care dashboard.


What matters
AT THE END?
Northumberland's commitment to its communities and what you can do to help
togethernorthumberland.co.uk
CARINGTOGETHER
Northumberland

Who is this booklet for?

This booklet is for all Northumberland residents, as well as their family, loved ones and carers.

No matter what stage of your life you're at, it's never too early to start thinking about your death and what your wishes are – where do you want to die and who do you want there with you, for example.

Working out what a good death looks like for you is crucial and we need to work together to get right.

We want every resident in Northumberland to live a full life and have a dignified death.

Our vision

We want every resident to have a good death and to die with dignity through:

- having honest conversations with professionals that provide enough information to make timely decisions
- accessing the highest quality services for themselves, their families, loved ones and carers wherever they live
- feeling comfortable and free from distress
- being supported by “one” team seven days a week, day and night
- having staff who are compassionate and highly skilled in communicating and delivering care
- living in a community which is supportive, willing to discuss death and dying, and offers practical help.

Our approach

We want to set out a minimum level of expectations for end-of-life care to ensure all Northumberland residents have a good life all the way to the end.

This should be a good death, by which we mean one which is free of pain, dignified, in the place of one's choosing and with family, friends and loved ones nearby.

We will work together with our residents, their families, loved ones and carers, and health and care staff. This affects us all and we all have an important role to play.

We aim to break the taboo about talking about death and dying as part of all our lives, by providing opportunities for honest but sensitive discussions to take places in appropriate places at the appropriate times with the appropriate people.

We should all plan for our deaths using this approach, which can then apply in the case of all reasonably expected deaths.

Principles

- **Respect** – to acknowledge death as part of all our lives.

- **Time to plan** – to be given the opportunity to develop plan for our care. If appropriate, to be told clearly and compassionately the reality that death is coming.

- **Care** – to have access to end-of-life care in the location you choose with every effort made to support this.

- **Support** – to have support with the practicalities of dying, death and matters after death.

- **Compassion, dignity, honesty** and **clear communication**

Our Community Commitment

We will…
… have honest conversations with you
listen to what matters to you and respect your wishes, beliefs and values
provide tailored information as it is needed
treat you with dignity, respect and privacy at all times
talk to you about changes in your health and when the end of your life is approaching
support planning for the end of your life
ensure the services that you need are available
do all we can to enable you to die in your preferred place
support those who you care about before and after your death.

We want you to…
… Think about your death
Ask questions that are important to you
Talk to your family and friends about what is happening
Tell people what really matters to you
Talk about your hopes, fears or any uncertainties
Tell people what a good death looks like for you
Think about making a will or other plans before you die.

Together…
…we will all play our part to help people in Northumberland achieve a good death.

What we want the future to look like

- We break the taboo and it becomes easier for everyone to talk openly about our wishes and plans for the end of our lives.

- Each resident has considered what a good death is for them and has had constructive conversations with their loved ones to share their plans.

- Every resident in Northumberland is supported to have the best death possible, built around respect, support, good communication, honesty, dignity and comfort.

- If a resident chooses to die within hospital, that they can choose to do so in a private room if they wish.

Back cover

To feature web links and contact details etc.

Northumbria Healthcare
NHS Foundation Trust

THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Home Care and Care Homes

Marion Dickson, Executive Director of Nursing, Midwifery & AHPs, Surgery and Community Services
Scott Dickinson, Director Systems and Senior Responsible Officer Home Care / Care Homes
Gillian Finn, Operational Services Manager Home Care / Care Homes

What have we been asked to do?

Home Care

- Develop Northumbria Home Care Service
- Support patients to return home with care as needed when they are ready to leave hospital
- Support patients, families and carers to receive high quality packages of care at home that meet their needs
- Support local authority and care provider market gaps within Northumberland and North Tyneside
- Develop infrastructure to support this initiative

Care Homes

- Develop an acquisition group to buy care homes for the Trust to own and operate
- Consider acquisitions on a case by case basis to enter the market at speed but safely
- Understand the market needs and the provision requirements
- Work with CQC on registrations and have a robust plan around standards
- Consider longer term options for operating in the Care Home market to deliver modern, fit for purpose, high quality facilities and services

What's informing us and why do we need to do Home Care?

- Across both local authority areas there are substantial gaps in availability of care provision
- People are often in hospital awaiting care packages or placed in a step down facility while they await care at home, which can increase the risk of dependence upon services and reduce the opportunity to return home. It is critical that we support people home at speed and with good quality care to prevent this
- We are working with both local authorities to look at care that is not being picked up by any other provider and will follow their processes to join the provider list

Why do we need Northumbria Care Homes?

- The sector has had a hard time and is under pressure
- We want to enter the market to deliver high quality NHS care and give value back to the caring role in which morale has been severely damaged
- The opportunity feels right for the Trust to move into this area and deliver inhouse care and elevate the standards across the system for those who need it

Where have we got to so far in this development?

- Five workstreams in progress to oversee work and report to project board:
  - Governance
  - Finance and Procurement
  - Workforce
  - Infrastructure
  - Marketing and Communications
- Communication have gone out about the developments
- Structure for Home Care service agreed
- Phased recruitment in progress
- CQC registration is in progress
- Induction and training programme being developed
- Mobilisation plan including office, SOPs, IT system, quality assurance in place
- Care home acquisitions being identified and due diligence proforma in place

Hurdles

- New area of work for the Trust
- Expert knowledge in the area
- Providing support in this area in a way that does not de-stabilise or threaten existing provision:
  - Although we recognise that there is likely to be some disruption
- Financial modelling and financial viability:
  - Our staff will be employed on NHS terms and conditions
  - They will be part of our broader organisation
  - We will be receiving payment at prevailing market rates
- Sequencing and mobilisation speed
- Organisational understanding of personal care

Finally…

- This is an exciting new area for us to look at and work on
- It's an innovative, new way of delivering care and provision at home with Northumbria leading the way
- The ability to offer choice to those in the Trust area to get Home Care or Care Home provision from a local NHS Trust will be welcomed

Northumbria Healthcare
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THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Any questions?

Northumbria Healthcare
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THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Thank you

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2021 - 2022

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

15 February 2022 - CA

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

Themed scrutiny:
Other scrutiny:

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Work Programme 2021 - 2022		
1 March 2022		
	End of Life Strategy	To receive an update following the revision of Northumberland CCG and Northumbria Healthcare's End of Life Strategy.
	NEAS Support Pilot	An update from Northumberland CCG
	Northumbria Healthcare Social Care	A report from Northumbria Healthcare on their plans for delivering social care.
5 April 2022		
	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust

	Addictions Services: Independent review of drugs by Professor Dame Carol Black (CNTW)	Report by Public Health and CNTW following the publication of the Black report on addictions services. The report will look at service provisions within in the Northumberland area.

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	**RESOLVED** that the presentation and comments be noted.	No further action at this time
2	15 June 2021	COVID-19 Update	**RESOLVED** that the presentation and comments be noted.	Further updates to be given.
3	15 June 2021	NUTH Quality Accounts	**RESOLVED** that the presentation and comments be noted.	NUTH to return with an update on their quality accounts next year
4	26 July 2021	Northumbia Healthcare NHS: COIVD Recovery Strategy	**RESOLVED** that the presentation be noted	No further action at this time
5	26 July 2021	Community Mental Health Transformation	**RESOLVED** 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	**RESOLVED** that the presentation be noted	No further action at this time
7	2 August 2021	NHS Partnership Agreement	**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.	The Committee's comments were considered at the Cabinet meeting held on 3 August 2021.
9	2 August 2021	Proposed Partnership for 0-19 Public Health Services – Consultation	**RESOLVED** that 1) The report be received. 2) A review be carried out in six to nine months.	A review be carried out in six to nine months.
10	31 August 2021	COVID-19 Update: Public Health/CCG	**RESOLVED** that the presentation be noted	Further updates to be given

112	31 August 2021	Complaints Annual Report 2020/2021 - Adult social care, children's social care, and continuing health care services	**RESOLVED** that the information be noted.	No further action at this time
12	5 October 2021	Winter Planning Update	**RESOLVED** that the information be noted.	No further action at this time
13	5 October 2021	HealthWatch Northumberland Annual Report	**RESOLVED** that the information be noted.	No further action at this time
14	9 December 2021	COVID/Vaccination Update	**RESOLVED** that the information be noted.	No further action at this time
15	9 December 2021	Director of Public Health Annual Report 2020	**RESOLVED** that:- 1. A COVID-19 Inequalities Impact Assessment to inform the council's recovery plan to ensure that areas of deepening inequalities were recognised and addressed be undertaken. 2. An integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process be introduced. 3. The strong community networks and increased social cohesion to ensure residents were at the centre of	COVID-19 Inequalities Impact Assessment to be shared with the Committee.

			processes to design initiatives and services which met their needs and aspirations should be built on. 4. The local economy by shopping local and supporting local development of skills to enable employment, especially those living in Northumberland who were furthest away from the employment market and exploit the wider social value of the Northumberland pound, be supported.	
16	4 January 2022	PRE-SCRUTINY:- Workforce Issues in Commissioned Care Services	**RESOLVED** that Cabinet be advised that this Committee supported the recommendations as outlined in the report.	The Committee's comments were considered at the Cabinet meeting held on 11 January 2022.
17	4 January 2022	North Tyneside and Northumberland Safeguarding Adults Annual Reports 2020-21	**RESOLVED** that the information be noted.	No further action at this time

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2022 - 2023

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

11 February 2022 - CA

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: Vaping/E-Cigarettes
Long COIVD
COIVD-19 (Endemic)

Themed scrutiny:
Other scrutiny:

Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2021 - 2022

31 May 2022		
	Restructure of Adult Social Care Extra Care and Supported Housing Strategy	 An update on the strategy for the development of housing schemes designed to enable people to live independently, approved by Cabinet in 2018.
5 July 2022		
	Complaints Annual Report 2021-22: Adult 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.
6 September 2022		
	HealthWatch Northumberland Annual Report	Annual report from HealthWatch Northumberland.
4 October 2022		
1 November 2022		
6 December 2022		
	Director of Public Health Annual Report 2021	Annual report from the Director of Public Health.

	Specialist Dementia Service	An update on the implementation of a Specialist Dementia Service. Decision taken by Cabinet in April 22.
3 January 2023		
	Northumberland Safeguarding Adults Annual Reports 2021-22	To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults.
7 February 2023		
7 March 2023		
4 April 2023		
	NHCT Quality Accounts NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust. Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
2 May 2023		
	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.

	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.

Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2022-2023				
Ref	**Date**	**Report**	**Decision**	**Outcome**
1				

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