

# Public Document Pack



## Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

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Date: 24 March 2022

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, 5 APRIL 2022** at **1.00 PM**.

Yours faithfully

Daljit Lally  
Chief Executive

### To Members of the Health and Wellbeing OSC

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.***



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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**

(Pages 1  
- 14)

To agree that the following minutes be confirmed as a true record and signed by the Chair:-

(a) 15 February 2022

(b) 1 March 2022

**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  
15 - 18)

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

**5. HEALTH AND WELLBEING BOARD**

(Pages  
19 - 26)

The minutes of the Health & Wellbeing Board held on 10 February 2022 are attached for the scrutiny of any issues considered or agreed there.

**6. NORTH EAST AMBULANCE SERVICE - QUALITY ACCOUNTS**

The Committee is requested to receive and comment on the presentation from the Trust and agree to submit a formal response. (Presentation to follow).

**7. REPORT OF INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES**

(Pages  
27 - 32)

## **COVID Update**

This report provides an update on the changes outlined by the Government between 21st February and 1st April on Living with Covid 19 and the implications for future management of the pandemic.

- 8. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST - ANNUAL PLAN AND QUALITY ACCOUNTS** (Pages 33 - 52)

The Committee is requested to receive and comment on the presentation from the Trust and agree to submit a formal response.

- 9. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST - ROTHBURY UPDATE** (Pages 53 - 64)

To receive an update from the Trust regarding Rothbury Community Hospital.

- 10. REPORT OF INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES** (Pages 65 - 72)

**Addictions Services: Impact and considerations of the Independent Review of Drugs by Professor Dame Carol Black and the new UK Drug Strategy**

To advise scrutiny members of the recommendations made by Professor Dame Carol Black's Review of Drugs; the new funding package made available to support the delivery of the 2021 England Drugs Strategy; and the associated requirements and conditions placed upon Northumberland County Council (NCC) and its partners.

- 11. HEALTH AND WELLBEING OSC WORK PROGRAMME** (Pages 73 - 90)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2021/22 and 2022/23.

- 12. 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.

- 13. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for Tuesday, 3 May 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.

<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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## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 15 February 2022 at 1.00 p.m.

#### PRESENT

Councillor V. Jones  
(Chair, in the Chair)

#### MEMBERS

Dodd, R.R.	Hunter, I.
Hardy, C.	Nisbet, K.
Hill, G.	Wilczek, R.

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Fletcher, P.	Dental Commissioning Lead –North East & North Cumbria
Hudson, R.	Clinical Director
Mitcheson, R.	Service Director Transformation and Integrated Care, CCG
McEvoy-Carr, C.	Executive Director of Adults and Children's Services
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adults' Wellbeing
Seymour, C.	Deputy Cabinet Member for Adults' Wellbeing
Syers, G.	Clinical Chair of Northumberland CCG
Taylor, S.	Chair of the Northumberland and Tyne and Wear Local Dental Network
Todd, A.	Democratic Services Officer

#### 50. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors L. Bowman, D. Ferguson and C. Humphrey.

#### 51. MINUTES

**RESOLVED** that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny, held on 4 January 2022, as circulated be confirmed as a true record and signed by the Chair.

#### 52. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

**RESOLVED** that the report be noted.

### **53. HEALTH AND WELLBEING BOARD**

The Committee considered the Health and Wellbeing Board Minutes of the 9 December 2021 (a copy of which has been filed with the signed minutes).

**RESOLVED** that the minutes of the Health & Wellbeing Board held on 9 December 2021 be noted.

## **REPORTS FOR CONSIDERATION BY SCRUTINY**

### **54. ACCESS TO GP SERVICES**

Members received a presentation regarding access to GP services from Dr G. Syers, Clinical Chair of Northumberland CCG and Dr R. Hudson, Clinical Director. (A copy of the presentation has been filed with the signed minutes).

The detailed presentation highlighted the following areas:-

- The various pressures and requirements faced by GP surgeries over the past two years due to the Covid-19 pandemic.
- An understanding of why patients were feeling as though they could not access GP services including engaged phonelines and less face-to-face appointments available.
- The added responsibilities and duties being asked of GPs including services such as providing medical information as part of the process for some firearms licensing.
- The increase in use of telephone and video consultations, alongside several other changes in order to keep services running.
- The advantages of offering online bookings, video and phone consultations.
- The need for patients to adapt to changes, some of which had been required due to the pandemic while others had been introduced to cope with increasing demand.
- A recognition that these new methods of access had affected different people in different ways.
- The transformation of GP services in order to build capacity within the system, be more efficient and develop Primary Care Networks.
- The need to learn from Covid 19 to meet differing needs including providing a range of appointment options to meet needs, reduce travel and improve communication options.
- It was reported that following on from the last few years of changes the CCG was launching a process of engagement with patients in Northumberland to better understand their views, which would help inform any future changes to accessing GP services in the county. The survey would seek to understand



patients' views on issues such as which healthcare professional they would prefer to see, how quickly they want to be seen and whether weekend and evening appointments were useful, and how far they were willing to travel or would a telephone or online consultation be more suitable.

- It was advised that the underlying principles of the survey was to improve partnership working across the health and social care, continuity of care, value the relationship between partitioner and patient, be proactive and anticipatory but also include residents on the journey to improving access to services.
- Details of the work that was to be undertaken with residents and how Local Councillors and other stakeholders could help engage with the survey.

Members made a number of comments which included: -

- It was noted that there was an increased use of online and telephone consultations, but many people were still feeling frustrated that they could not access GP services.
- Many residents were reporting long waits on the telephone to speak to someone also uncertainty when a health professional was to call back because of the triage system in place.
- Access to GP services had been an issue before the pandemic with many people continuing to struggle to get appointments. It was acknowledged that access was a complicated issue. Members were informed that there were currently six different access models with Northumberland having 37 practices all doing a variety. Although the CCG could not mandate which model GP practices preferred, they could steer them. It was hoped that the survey results would help with this.
- Some residents did not have access to the internet or a smart phone or did not feel confident enough to use them.
- Access to GPs had changed but that should not be at the detriment of the needs of patients. Changes should avoid unintended discrimination.
- Receptionist played a vital role however it was commented that sometimes reception staff were often patients' neighbours, and it could be quite difficult to disclose personal information to them. In response, Members were advised that reception staff were trained to handle sensitive information and other options were available if any patient felt uncomfortable.
- The rural nature of Northumberland and the need to continue to have access to local GP practices.
- The need for residents to understand the changes that had taken place and how they affected the way patients now accessed care.
- Reports of people not being able to access regular treatment, medication and appointments not meeting people's needs were discussed. Members were informed that people could now book appointments online, order repeat prescriptions, and message their practice which was very helpful for some patients.
- The benefits and advantages of seeing the same GP and being able to have face to face appointments.
- The knock-on effect of patients seeking medical attention at hospital walk-in clinics if they could not access GP services. Also, the increased demand coming from hospitals to enable patients to be looked after closer to home.

- The anxiety and stress felt by not only patients but their family members when trying to access GP services.

Members were advised that GP practices were aware that there had been difficulties regarding access, but it was hoped that by carrying out the survey it would ensure that patients views were sought and that the needs of Northumberland residents could be better met in the future.

The Committee thanked Dr Syers and Dr Hudson for attending the meeting.

**RESOLVED** that the presentation and comments made be noted.

## 55. ACCESS TO DENTAL SERVICES

Members received a presentation from NHS England/Improvement (P. Fletcher, Dental Commissioning Lead –Northeast & North Cumbria) and S. Taylor, Chair of the Northumberland and Tyne and Wear Local Dental Network. A copy of the powerpoint presentation has been filed with the signed minutes.

The ‘myth buster’ document produced by Healthwatch Northumberland has also been filed with the signed minutes.

The detailed presentation highlighted the following areas:-

- Primary care dental services must operate in strict accordance with regulations.
- NHS Dentistry was highly regulated and that the regulations unlike those for General Medical Practice did not allow for NHS Dental Patient Registration.
- NHS Dentistry contracts and provision by contrast was activity and demand led.
- The national dental contract regulations set out the contract currency as being units of dental activity (UDAs), which were then attributable to the ‘banded’ courses of NHS Dental treatment.
- In Northumberland there were 42 dental practices contracted to provide general dental access.
- In 2019-20 (pre-Covid) approximately 90% of the total commissioned capacity in Northumberland had been utilised.
- The impact following the COVID-19 pandemic on access for patients. All routine dental services had been paused, and a small number of urgent dental care centres (UDCs) were established to provide access for patients with clinical urgent care needs.
- NHS dentistry services continuing to operate at significantly lower levels of capacity than would normally be available. As infection rates dropped, all practices re-opened for face-to-face care and steadily increased activity. Reassurance was provided that practices were exploring all options available to increase access for patients.
- Urgent and Emergency services remained available to patients out-with general dental practices via NHS 111.

- The timeline for safely restoring access to dental services following the pandemic.
- A return to full capacity was dependent on further easing of COVID-19 infection prevention control measures and publication of further National NHS Dental Guidance, which will be due at the end of March 2022.
- Information on local measures and action to date including incentives for all NHS dental practices to prioritise patients who had not been seen in the practice within the previous (24 months) adults and 12 months (children).
- Continued need for dental practices to triage patients who contact them to ensure that patients with the greatest clinical need were seen.
- Workforce and retention issues.
- Dentists were seeking patients understanding and co-operation during the unprecedented and challenging time for the NHS until a return to full dentistry activity could be restored.
- A thank you to the local Healthwatch organisations across the Northeast who had worked in partnership to produce and disseminate an NHS Dental Myth Busting guide to help improve patient and public understanding of how NHS Dentistry operated nationally and locally under regulation.

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

- Confirmation that a patient was only 'registered' with a practice while undergoing treatment.
- Clarification that dental practices were set up within the NHS in a completely different way to GP practices. There was no formal patient registration within Dentistry. Anyone could approach any NHS dentist for treatment at any time. Members felt that this needed to be communicated better as it was a common belief that people needed to be registered at a dentist to access treatment.
- It was noted that whilst the NHS provision was available across the practice's contracted opening hours, demand for NHS treatment maybe so great that on any given day, depending on demand and the treatment needs of the patients who contact them, they could have used up all their NHS appointments. They may, therefore, offer a private option to patients as an alternative, as they would have separate NHS and private appointment books, with separate clinical staff time allocated accordingly.
- All practices were currently having to prioritise patients based on clinical need and urgency. Therefore, dentists' ability to take on patients for routine treatment such as check-ups was likely to be limited with the reduced capacity, they were able to deliver. However, if patients had healthy teeth and gums, a routine check-up may not be needed for up to two years between appointments.
- It was advised that lost fillings, crowns or bridges, broken teeth or braces were not usually deemed to be clinically urgent, which could mean a little longer wait for an appointment. Access to NHS urgent dental appointments was based on an individual clinical assessment of need. It was therefore important that patients fully explained their dental problem to the practice or NHS 111, so that it could be correctly triaged.
- It was reported that there was an expectation that practices delivered and managed available commissioned activity to best meet the immediate needs of any patient presenting. This was achieved by entering an agreed and

formal signed course of treatment with each patient. Any charges to be made should be discussed with the patient in advance.

- It was noted that the national dental contract regulations set out the contract currency. However, not all types of dental treatment were available on the NHS, but patients should be made aware of all options before treatment began.
- Confirmation that due to the contract commissioned by each practice NHS dentistry was cost neutral.
- A significant risk to both sustaining existing or improving levels of NHS Dentistry access and Oral Health was recruitment and retention across all parts of the workforce. It was reported that this was a national problem but was creating significant pressures in an increasing number of local areas including Northumberland.
- The challenges of trying to attract more people to want to work in dentistry including those of dental technicians who often had poor working conditions and lower wages were discussed. It was stated that the Council had previously carried out a campaign to attract professionals to the county. It was suggested that officers evaluate if this had been successful and look to see if a recruitment drive could be established again to promote Northumberland as somewhere that people would want to live and work as well as promoting job opportunities and training.
- It was reported that discussions with NHS England were continuing regarding the shortage of available dentists in Berwick following several retirements.
- A couple of comments regarding issues raised by councillors in their wards were discussed. It was confirmed that these could be investigated in more detail following the meeting.
- An acknowledgment that dentists needed to continue to keep members of the public informed as communication and clearly signposted complaint procedures had been raised as issues by Healthwatch focus groups.

Members thanked P. Fletcher and S Taylor for the detailed presentation.

**RESOLVED** that the presentation and comments made be noted.

## **REPORT OF THE SCRUTINY CO-ORDINATOR**

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

The Committee reviewed its work programme for the 2021/22 council year.

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

### **57 DATE OF NEXT MEETING**

**RESOLVED** that the next meeting has been scheduled for Tuesday, 1 March 2022 at 1:00 pm.

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

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

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## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 1 March 2022 at 1.00 p.m.

#### PRESENT

Councillor V. Jones  
(Chair, in the Chair)

#### MEMBERS

Bowman, L.	Hunter, I.
Dodd, R.R	Nisbet, K.
Hardy, C. (part)	Wilczek, R.
Hill, G.	

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bell, A.	Senior Head of Commissioning, Northumberland CCG
Mitcheson, R.	Service Director Transformation and Integrated Care, CCG
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adults' Wellbeing
Seymour, C.	Deputy Cabinet Member for Adults' Wellbeing
Stewart, A.	GP Lead
Todd, A.	Democratic Services Officer

#### 58. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D. Ferguson and C. Humphrey.

#### 59. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

**RESOLVED** that the report be noted.

#### REPORTS FOR CONSIDERATION BY SCRUTINY

#### 60. Northumberland Palliative Care and End of Life Strategy

Members received a presentation from Alan Bell (Senior Head of Commissioning, Northumberland CCG) and Andrew Stewart (GP Lead) following the revision of the end of life strategy. (A copy of the presentation and draft narrative and draft end of life booklet have been filed with the signed minutes).

It was reported that 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 draft vision was for residents of Northumberland to have a good death and to die with dignity through:

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

It was stated that for the strategy to truly deliver on the 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. It also needed to engage with the residents of Northumberland and ensure hard to reach groups had equitable access to high quality palliative and end of life care.

The presentation covered the following:-

- The approach to be taken to refresh the Palliative Care and End of Life Strategy which included the introduction of “Our Community Commitment”, an information Booklet and supporting materials launched across a range of accessible platforms and the use of Death Café toolkit.
- The wide variety of data with support from Public Health teams at Northumbria Healthcare FT and Northumberland County Council available to help aid the strategy. There would also be available an interactive software ‘Tableau’ to drill down into the available data sources.
- The engagement process and communication approach including a communication plan to support the rollout of the strategy and encourage support through ‘Our Community Commitment’.
- The priorities of the strategy and how to take forward these ambitions.
- A plan on how to deliver the strategy.
- The establishment of a Monitoring Group to ensure high quality care continued.



Following on from the presentation a number of comments were made, including:-

- Healthwatch welcomed the opportunity to be involved in the engagement process. The plans in place to take forward priorities reflected the views made within the focus groups.
- Discussion about a recently published report which stated that sometimes hospital patients were moved to make statistics fit rather than meet patient preferences. In response it was stated that when any patient approached end of life then their preferences should be paramount whether that was care in hospital, out in the community or within their home. It was asked if the report could be forwarded to A. Bell as he had not seen the publication so could not respond to any of the statements contained within.
- The approach to present a clear and easy to understand way to access Northumberland's Palliative Care and End of Life strategy was welcomed.
- The need to remove the perceived taboo around discussing death and end of life to allow open discussions about what was expected and required.
- Clarification was provided regarding the Death Café which had received positive feedback from those accessing this service across the country.
- The need to understand the full End of Life pathway and appreciate peoples' preferences at End of Life.
- Gaps in service provision needed to be addressed to ensure peoples' wishes could be met.
- It was noted that Northumberland had a particularly active voluntary and community sector which worked very much in partnership with palliative care services.
- There was limited palliative care options in Berwick. If patients were in NSECH in Cramlington it was difficult for local family to visit due to the distance and poor transport links to the hospital. In response it was confirmed that the aim would be to have care as close to home as possible but there were sometimes issues around access to appropriate beds, which would hopefully be improved through the strategy.
- Confirmation that although there was provision during the week between certain times to contact health professionals or to seek support and care for patients there was currently no 24/7 service available. However, it was noted that this had been flagged as an issue.
- The need to encourage conversations about what constituted as a good death and share this with loved ones as well as care providers.
- A good death should be free of pain, dignified, in the place of one's choosing and with family, friends and loved ones nearby.
- If a resident chooses to die within hospital, they should be able to choose to do so in a private room if they wished.
- A hope that in the near future initiatives such as care villages could be developed in the county.
- A thank you to everyone who had been involved in developing the strategy.

**RESOLVED** that the presentation and comments made be noted.

## **61. Social Care at Home – Northumbria Healthcare**

Members were advised that this item had been withdrawn from the agenda. It was hoped that it would be considered at a future meeting but in the meantime any questions/queries Members had would be forwarded onto Northumbria Healthcare to answer.

Members were asked to send all questions to C. Angus, Scrutiny Officer who would arrange for responses to be sought. A request was made for Members to receive a copy of all the responses received back from Northumberland Healthcare.

## **62. REPORT OF THE SCRUTINY OFFICER**

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

The Committee reviewed its work programme for the 2021/22 council year.

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

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

The Committee considered the draft work programme for the Health and Wellbeing OSC for 2022/23.

Members made several suggestions of topics they may want to examine in more detail during 2022/23, including: -

- NHS Partnership Agreement review
- 0-19 Public Health
- Fuel Poverty
- Food Poverty
- Male Mental Health
- Restructure of Adult Care
- Impact following the conflict in Ukraine
- Anti-social behaviour
- Substance abuse
- Youth issues
- Life after COVID and how this had changed peoples' health and wellbeing
- Tobacco Smoking and E-Cigarettes
- Housing Strategy including plans for extra care villages, long term housing for older people and deprivation of housing stock

It was advised that any further possible topics for consideration should be forwarded to C. Angus, Scrutiny Officer.

**RESOLVED** that the information be noted.

**63. DATE OF NEXT MEETING**

**RESOLVED** that the next meeting has been scheduled for Tuesday, 5 April 2022 at 1:00 p.m.

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

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

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## Forward Plan

### FORTHCOMING CABINET DECISIONS APRIL TO JULY 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p><b>Adoption of the Northumberland Local Plan (2016 – 2036)</b>                      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 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))</p>		29 March 2022 Council 30 March 2022
<p><b>NEHL Reserved Matters Approval</b>                      Cabinet will be requested to approve a course of action that is a matter reserved to Northumberland County Council as Shareholder under the Articles of Association of its wholly-owned group companies Northumberland Enterprise Holdings Ltd ("NEHL") and Northumbria Integrated Consultancy Ltd ("NIC"). The Boards of NEHL and NIC have agreed to a course of action that can only be executed with Shareholder approval.                      (Confidential report)                      (R. Wearmouth/William Thompson – 07929836782)</p>		29 March 2022
<b>Blyth Relief Road</b>	CSEG 11 April 2022	12 April 2022

<p>To provide an update on progress made towards Blyth Relief Road and secure approval for next steps. The report will outline:</p> <ul style="list-style-type: none"> <li>- Route alignment proposals</li> <li>- Key information from the Outline Business Case</li> <li>- Next steps</li> </ul> <p>(W. Ploszaj/S. McNaughton 07827 873139)</p>		
<p><b>Berwick Partnership Organisation</b>  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 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)</p>	<p>FACS 7 April 2022</p>	<p>12 April 2022  Council 4 May 2022</p>
<p><b>Procurement of Specialist Dementia Service</b></p> <p>The report will seek approval for funding of a Specialist Dementia Service. Cost of the service is approximately</p>		<p>12 April 2022</p>

<p>£967,000 per year. The costs will be shared with the NHS and come from within existing resource.</p> <p>(W. Pattison/Neil Bradley 01670 622868)</p>		
<p><b>Biodiversity Net Gain and New Burdens Funding</b></p> <p>The Environment Act 2021 introduces significant changes to the way in which planning applications will be determined by imposing a requirement to demonstrate a net gain in the value of habitats as a result of the development process, achieved through their creation on or off the development site. The Act imposes a range of new duties for Local Planning Authorities to oversee, verify and monitor this process. This report sets out the resource implications for the Planning Service arising from the introduction of mandatory biodiversity net gain, the new burdens funding being provided by Defra and the uncertainties created by that, and explores options to address these.</p> <p>(C. Horncastle/D. Feige 01670 622653)</p>		10 May 2022
<p><b>Electric Vehicle Charging Strategy 2022-25</b></p> <p>To update on Electric Vehicle Charging Infrastructure and proposals for increasing provision across the next three years.</p> <p>(G. Sanderson/ Matt Baker 07957 385638)</p>	TBC	10 May 2022
<p><b>Financial Performance 2021-22 – Provisional Outturn 2021-22</b></p> <p>The report will provide Cabinet with the revenue financial position as at Provisional Outturn for the Council against the Budget for 2021-22</p> <p>(R. Wearmouth/S. Dent 01670 625515)</p>		7 June 2022

<p><b>Trading Companies' Financial Performance 2021-22 - Position at the end of March 2022</b></p> <p>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)</p>	<p>6 June 2022</p>	<p>7 June 2022</p>
<p><b>Trading Companies' Financial Performance 2022-23 - Position at the end of June 2022</b></p> <p>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)</p>	<p>12 September 2022</p>	<p>13 September 2022</p>



## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Well-being Board** held in County Hall, Morpeth on Thursday, 10 February 2022 at 10.00 a.m.

#### PRESENT

Councillor B. Flux  
(Chair, in the Chair)

#### BOARD MEMBERS

Boyack, J.	Reiter, G. (substitute)
Brown, S.	Sanderson, H.G.H.
Lothian, J.	Syers, G.
Mead, P.	Thompson, D.
Morgan, E.	Wigham, R. (substitute)
Pattison, W.	

#### ALSO IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
R. Mitcheson	Northumberland CCG

#### 36. APOLOGIES FOR ABSENCE

Apologies for absence were received from N. Bradley, C. McEvoy-Carr, R. O'Farrell, G. Renner-Thompson, E. Simpson, P. Travers and J. Watson.

#### 37. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 9 December 2021, as circulated, be confirmed as a true record and signed by the Chair:

#### 38. UPDATE ON THE EPIDEMIOLOGY OF COVID 19, THE NORTHUMBERLAND COVID 19 OUTBREAK PREVENTION AND CONTROL PLAN, AND THE VACCINATION PROGRAMME

Members received an update on the epidemiology of COVID 19 in Northumberland, developments with the Council's COVID 19 Outbreak Prevention and Control Plan, and Vaccination Programme. Presentations filed with the signed minutes.

Liz Morgan, Interim Executive Director for Public Health and Community Services, gave a presentation to the Board and the key points included:-

- Trends in the seven day rolling rate per 100,000 population for infection episodes across the LA7 was very similar to the national rate with cases at a similar level to the week before Christmas.
- ONS survey rates for the week up to 5 February 2022 estimated that 1 in 19 showed evidence of infection. ONS had also surveyed for levels of antibodies in the population and in the week up to 10 January 2022 it was estimated that 98% of the adult population would have tested positive for antibodies. This level was much lower in 8 – 11 year olds at 63-72%.
- In Northumberland rates were decreasing across all age bands, however, cases remained high at 2,000+ per week. The highest rates were in primary school children. The high level of cases in the Druridge Bay ward was due to an outbreak at HMP Northumberland.
- Targeted community testing was still being supported but there had recently been many changes to the guidance. There were plans, nationally, to rationalise PCR testing sites. Hopefully, the situation would be clarified in the Spring Plan which was due to be announced on 21 February 2022.
- Regarding contact tracing, there was uncertainty about the responsibility for Local Authorities and funding beyond March 2022.
- Omicron was less severe but the unvaccinated were eight times more likely to be hospitalised.
- The unvaccinated/boosted were 8x more likely to be hospitalised than the vaccinated. There had been a number of large outbreaks but, fortunately, cases were mainly mild or asymptomatic.
- The situation was very different to 2021 in that there was the extensive vaccination and booster programme, extensive test and trace programmes, treatments and bespoke communications locally and nationally.
- It was possible that the end of legislative restrictions would take effect earlier than the planned date of 24 March 2022.
- Covid may be considered endemic when it became highly predictable or the level of harm was accepted due to the difficulty in eradicating it. Future waves of infection were to be expected and these would be determined by
  - New variants
  - Changes in number and age distribution of susceptible individuals
  - Seasonality
  - Extent of social mixing.
- The pattern in the UK was likely to be temporary until the global disease distribution settled. Covid could not yet be considered to be endemic.
- Current priorities across the LA7 included
  - equitable deployment of covid and flu vaccinations
  - continued encouragement of good infection prevention and control measures, hygiene, ventilation etc.
  - Coordinated Test, Trace and Isolate programme and management of outbreaks
  - Involving local communities and protecting vulnerable individuals
  - Monitoring and surveillance
  - Working on health inequalities

- A number of issues would have to be considered such as the future of test and trace, promotion of IPC measures that were of benefit, waste water testing, the need to stand up interventions again if needed and existing health inequalities along with those exacerbated by covid.
- Next steps
  - Joint workshop to be held on 14 February 2022 to look at priorities, actions and timescales.
  - Develop a strategic framework for living safely with covid and to update the Local Outbreak Management Plan
  - Review priorities and identify how can work together at scale, building on what had been learned and existing work.
  - Agree a shared programme of work for LA7 to close the gap in health inequalities.

Rachel Mitcheson, Northumberland CCG, provided a presentation on the current vaccination programme and included the following:-

- Northumberland was performing strongly with vaccine uptake for 1<sup>st</sup> dose 90.3%, 2<sup>nd</sup> dose 85.6% and booster/3<sup>rd</sup> dose 71.1%.
- Uptake for booster jabs was slower than for previous jabs, however, 86% of eligible patients had received the booster. The under 50's were slower to come forward.
- Uptake for the booster programme had slowed over the New Year. This was mainly due to the high numbers of infection and the 28 day post infection period during which people could not receive their booster.
- Under 30s and pregnant women were being targeted to increase uptake in those cohorts.
- 4<sup>th</sup> doses for the severely immunosuppressed were being rolled out and 16/17 and 'at risk' 12-15 year olds would be invited for second doses and boosters when appropriate.
- 'At risk' 5-11 year olds were being invited for their first dose which was one third of a standard Pfizer dose.
- An evergreen offer of vaccination remained open to all eligible individuals and could be accessed via PCNs, pharmacies or vaccination centres.
- The Northumberland Vaccine Equity Board would continue to monitor vaccine uptake, areas of inequality and identify groups for targeted intervention.
- It was anticipated that an annual Covid booster vaccination would be required by all over 50s and cohorts 1-9. This was likely to be delivered in line with the seasonal flu vaccination campaign. Opportunities for co-administration would be maximised where possible.
- Invaluable lessons had been learned from the vaccine roll out and various scenarios were being planned for in response to high incidence and/or a new variant. It was necessary to ensure that vaccination services could run alongside routine health and care services.

**RESOLVED** that the two presentations be received.

### **39. NORTHUMBERLAND PHARMACEUTICAL NEEDS ASSESSMENT**

Members received an update on progress and plans for refreshing the statutory Northumberland Pharmaceutical Needs Assessment (PNA) and to consider the lower geographical level for assessment. Report presented by Liz Morgan, Interim Executive Director for Public Health and Community Services.

Members were informed that producing and publishing a Pharmaceutical Needs Assessment was a statutory responsibility of the Health & Wellbeing Board in conjunction with the Northumberland CCG. The PNA should be refreshed every three years, but the timeline had been delayed due to Covid. It was expected the revised PNA should be in place by September/October 2022. A Steering Group had been established and work commenced in August 2021. The Steering Group had agreed to use the previous CCG localities which split Northumberland into four areas, North, West, Central and Blyth. A draft would be produced in April with the final draft being approved in September 2022. The importance of later opening hours and holiday opening was stressed particularly for very rural areas in the North and West of the County.

**RESOLVED** that

- (1) the plan and proposed timelines for the statutory review of the PNSA be supported.
- (2) the use of previous CCG localities as the geographical basis of the PNA be approved.

### **40. SAFEGUARDING ADULTS ANNUAL REPORT AND STRATEGY REFRESH and NORTHUMBERLAND SAFEGUARDING CHILDREN BOARD (NSCB) ANNUAL REPORT AND UPDATE OF ISSUES IDENTIFIED**

Members received an overview of the work carried out under the multi-agency arrangements for Safeguarding Adults in 2020/21 and an overview of the work by the Northumberland Strategic Safeguarding Partnership 2020-21. Reports presented by Paula Mead, Independent Chair of the Safeguarding Adults Board and NSSP Independent Chair.

#### **Safeguarding Adults**

The North Tyneside and Northumberland Safeguarding Adults Board (SAB) had been forced to adapt very quickly during the Covid pandemic and change its way of working. A range of measures and assurance frameworks had been introduced to promote multiagency working arrangements and monitor and mitigate areas of risk and concern. During 2020/21 Northumberland experienced a 40% increase in safeguarding concerns and 14% rise in safeguarding enquiries. The location of the main area of increase was in peoples own homes and linked to lockdown restrictions. Locally, the trend had been in episodes of domestic abuse, physical abuse and self neglect. There had also been an increase in safeguarding concerns relating to isolation, mental

health and wellbeing. Most referrals had been made by the Police and this was a similar picture nationally.

The Multi-agency Safeguarding Hubs (MASHs) had operated successfully and was unique in that it was an integrated adult and children's MASH. It had been a very positive arrangement, and this had been noted nationally. It had enabled very difficult transitional issues of vulnerable children moving into adult services to be tackled. There had been no Safeguarding Adult Reviews undertaken in Northumberland. However, there had been a joint learning review with the Children's Service within Northumberland.

Key highlights of the Board's work had been a focus on themes such as Transitional Safeguarding, Vulnerable Dependent Drinkers Project, Channel arrangements and updates, criminal exploitation and the local experience of Operation Momentum. Covid had been the overarching priority and had impacted on all of the Board's work.

There had been an independent review in which the joint North Tyneside and Northumberland Board had been valued and was working quite well. All of the partners felt, and was probably exacerbated by covid, that there needed to be more focus on Place. From April 2022, it had been agreed to separate the two Boards. Northumberland was very keen to join up and integrate the Adults' and Children's Boards much more robustly. This had not been possible whilst working with North Tyneside.

### **Safeguarding Children Board**

Paula Mead reported that local Safeguarding Boards had been disbanded a few years ago and the new arrangements had strategic partners with equal responsibilities for safeguarding children. These strategic partners were the Local Authority, Police, Northumberland CCG. Other partners such as health, schools and voluntary organisations still had a role to play in safeguarding children. Partnership working in Northumberland was very much a strength and had come into its own over the period of the pandemic. There was still work to be done to solidify the new arrangements and development work had been done with the partners. It had been identified that the adults and children's arrangements should work more closely together.

Very specific matters were required to be dealt with within the children's report such as evidence of impact, analysis of progress against stated priorities, inclusion of decisions and information around local and national safeguarding reviews, information on how feedback from children had been included and built into planning, and review of restraint at any secure unit.

Priorities focused on prevention, early help, work with fathers and improvement on focus on the child's experience and criminal and sexual exploitation. These were now sufficiently embedded to enable other priorities to be considered. The overarching priority was the impact of covid, children and young people's mental health, neglect, early help, domestic violence including child to parent abuse and non-accidental injury to under ones.

Paula Mead explained that her role was also as an independent scrutineer and her opinion was that good progress was being made, that the partnership working continued to be effective, the processes and assurance frameworks were working as well as they could do

Members welcomed both reports and raised the following points:-

- Having the three statutory partners had been a good development, but there also needed to be more involvement from relevant partners going forward.
- It was important to maintain independence and scrutiny in the process.
- A lot of the good practice in Northumberland had been picked up nationally. Partners were always trying to push the boundaries and do the best for vulnerable adults and children.
- There had been detailed national guidance as to what should be included the children's report. The evidence base and data used for the children's report was more robust and detailed than that for adults. This was partly due to history and how the two boards had evolved and that good quality data was more easily obtainable for children. It was more challenging to obtain adult data and comparing this data with that from North Tyneside did not work very well as the data was collected in different ways.
- The qualitative impact of the data was also being looked at along with the quality of practice arising from the performance data and the opportunities for us to integrate to the two partnerships and take the learning developed from the children's work and develop this alongside the adults work.
- Practitioners had worked quite hard to make safeguarding work personal by listening to and integrating their wishes and experiences into their plans. It was important to find ways of supporting children and their transition into adulthood more effectively.
- There were cultural differences in the approaches to adult and children's safeguarding. There was education to be done around the assertiveness and use of Mental Health Act especially around people with complex problems and alcohol use. There was a lot to be learned and combining the two to make them on an equal footing would be very useful.
- Work with alcohol dependant and resistant people over the last year had been very helpful as it had enabled the training of practitioners

**RESOLVED** that

- (1) The content of the North Tyneside and Northumberland Safeguarding Adults Annual Report 2020-21 be noted.
- (2) contents of the Northumberland Strategic Partnership (NSSP) Annual Report 2020-21 be noted.

**41. HEALTH AND WELLBEING BOARD FORWARD PLAN**

It was noted that the Health Inequalities Summit would be held on 25 March 2022 and invites would be issued soon.

It was requested that the following be added to the Forward Plan

- An update on the progress with ICS was requested for the next meeting.
- Child Death Overview Panel Annual Report

**RESOLVED** that the forward plan be noted.

**42. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 10 March 2022, at 10.00 a.m. in County Hall, Morpeth.

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

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

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## Northumberland County Council

### HEALTH AND WELLBEING BOARD OVERVIEW AND SCRUTINY COMMITTEE

5TH APRIL 2022

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#### Northumberland Covid 19 update

**Report of:** Liz Morgan, Interim Executive Director of Public Health and Community Services

**Cabinet Member:** Cllr Wendy Pattinson, Adult Health and Wellbeing

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#### Purpose of report

This report provides an update on the changes outlined by the Government between 21<sup>st</sup> February and 1<sup>st</sup> April on [Living with Covid 19](#) and the implications for future management of the pandemic.

#### Recommendations

The Health and Wellbeing Overview and Scrutiny is recommended to comment on and support proposals for the future management of Covid 19 in Northumberland.

#### Link to Corporate Plan

The direct and indirect consequences of living with covid whilst remaining in a pandemic state links to all priorities in the corporate plan.

#### Key issues

- The UK is still in a pandemic situation, but the vaccination programme has allowed us to change the way we manage community transmission. This is not a change in approach, but a shift towards managing the SARS-CoV-2 virus as we do for other respiratory infections.
- We can expect the next few years to be unsettled with unseasonal peaks in transmission as immunity wanes in some cohorts or new variants emerge. There remains a significant degree of uncertainty about the path that the pandemic will now take in the UK. 'Living with Covid' sets out how the Government will ensure resilience, maintaining contingency capabilities to deal with a range of possible scenarios. It is based on four principles of removing domestic restrictions while encouraging safer behaviours through public health advice; protecting people most vulnerable to COVID-19; maintaining resilience (surveillance, contingency planning

and a surge capability); and securing innovations and opportunities from the COVID-19 response.

- A set of goals and short to medium terms priorities have been agreed between the DsPH across the LAs that make up the LA7 group (County Durham, Gateshead, Sunderland, South Tyneside, North Tyneside, Newcastle, Northumberland).

## **Background**

On 21 February the Government's plans for living with COVID-19 in England were announced. With increasing immunity, largely due to vaccination, the Government's strategy moves away from a focus on reducing prevalence, to prioritising measures which reduce the risk of serious harms, reduce the burden on the NHS and protect the economy. The aim is to move towards managing COVID-19 in line with other respiratory viral illnesses and promote behaviours that can reduce transmission. This will both support ongoing COVID-19 management and reduce the risk of surges of other respiratory viral infections and the subsequent impacts on the health and care system, local economy, and the wider community.

Most elements of the national response effort have now been scaled back. This includes: routine national and local contact tracing (the Council's Local Tracing Partnership ceased on 24<sup>th</sup> Feb); the legal requirement to self-isolate (but not the need to self-isolate) and the provision of accompanying self-isolation payments; routine testing in school children and staff (with some exceptions); free universal symptomatic and asymptomatic testing for the general public (from 1 April) – regional, local and mobile testing sites will all be demobilised although some mobile provision will be retained as part of national contingency measures; changes to statutory sick pay will have reverted (individuals won't be able to claim from Day 1 of illness); the removal of guidance for venues on having systems in place that allow individuals to 'check in' and be notified if they have visited a venue linked to a COVID-19 outbreak; expiration of the 'No 3 Regulations' meaning that the powers available to LAs to respond to COVID-19 outbreaks will revert to align with those available to respond to infectious disease outbreaks more generally.

During this transition period, NE LAs have agreed that the arrangements for managing outbreaks will largely revert back to those in place pre-pandemic. The regional UKHSA Health Protection Team will be taking the lead on outbreak management, supported by local animal health, environmental health, and public health teams along with other agencies as appropriate. Outbreak investigation activities will be focused on high-priority and complex cases.

The statutory role at local level for health protection relates to assurance and sits with the Director of Public Health. Any proposals for LAs to assume more responsibility for health protection delivery will require additional resourcing.

The LA is continuing to routinely provide public health messaging and communications to set out advice about sensible behaviours and actions to residents. Much of this work is being done across an LA7 or LA12 footprint and with NHS partners. Updated guidance for workplaces and other settings/situations is expected at the end of March; businesses and

employees should maintain safe behaviours, particularly around hand and respiratory hygiene and staying at home if unwell to avoid transmission in the workplace.

### Next steps and future response

The expectation is that SARS-CoV-2 will be managed regionally and locally as part of a wider all hazards approach, using existing health protection frameworks. This has been enabled largely by the success of the vaccination programme, but we can expect to see surges of infection over the next few years. We cannot assume new variants will be less dangerous than those that we have already experienced.

The focus will be on protecting those settings known to be at highest risk through local COVID-19 outbreak investigation and management activities, led by UKHSA Regional Health Protection Teams (HPTs). Limited symptomatic testing for a small number of at-risk groups and free symptomatic testing will remain available to social care staff. A testing strategy is in development.

UKHSA has been working in collaboration with Local Government Association (LGA), Association of Directors of Public Health (ADPH) to develop and provide further detail on the planned changes. This includes establishing what interventions and capabilities will be needed to maintain or remobilise as a priority in local areas, to scale up an effective response to a resurgence of COVID-19 or a dangerous new variant. Further information is expected by the end of March which should also include expectations around the ongoing need for a Local Outbreak Management Plan and the future relationships between local, regional, and national partners.

Going forward, the Government will structure its ongoing response around four principles:

- Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses.
- Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice and deploying targeted testing.
- Maintaining resilience: ongoing surveillance, contingency planning, and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency; and
- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

The LA response will be guided by the additional detail which is anticipated on 24<sup>th</sup> March.

As an LA7 group of LAs a proposed a set of goals and short to medium term priorities have been agreed:

## Goals

1. Protect people and communities at greatest risk from COVID-19 and its consequences and enable them to live a healthy and fulfilled life.
2. Protect all critical infrastructure, including the NHS, social care and our community and voluntary sector, so that they, in turn, can protect and support our population.
3. Minimise the impact of COVID-19 on the wellbeing and development of children, young people and adults.
4. Enable the recovery and further progress of education, economic activity and social connectivity.
5. Strengthen system-wide prevention and preparedness for future waves and other epidemics, learning the lessons of the COVID-19 pandemic.

## Short to medium term priorities

1. Take our communities with us in all that we do through clear communications, listening to them and addressing their concerns.
2. Continue to support sustainable, equitable and rapid deployment of vaccination.
3. Transform our approach to good infection, control and hygiene measures, taking our partners, businesses and communities with us, to ensure the protection of all of the population and the inclusion of vulnerable people in settings and in the community.
4. Ensure a consistent approach to the prioritisation of threats to health, including considering the vulnerability and complexity of settings and the level of demand on the public health system, to ensure that public health capacity is deployed as effectively as possible.
5. Support educational settings to understand, prevent and manage COVID-19 infections to minimise education disruption.
6. Have plans to maximise use of available workforce capacity to respond quickly in a surge, in line with agreed national frameworks and health protection risk assessments.
7. Work with the health and social care system to ensure equity of access to treatments and support.
8. Maintain and improve surveillance systems and oversight.
9. Promote the use of research to improve our knowledge of COVID-19 and interventions to prevent, treat and deal with its consequences and seek opportunities to contribute to the evidence base.
10. Ensure that data flows and information governance support us to do our best for our population.

These priorities will change as the pandemic develops and guidance changes.

Locally and nationally, there are some specific issues and opportunities that need some focus:

- There is a group of residents who are at higher risk of severe illness or have less confidence in returning to everyday activities. We need to find a way to ensure those individuals are supported to understand, manage, and mitigate their risks in living as near normal a life as possible. This is not the sole responsibility of those individuals; it is a shared responsibility with society and public services.

- We have built Infection Prevention and Control (IPC) skills and capacity within care homes, high risk settings, education and child care settings and businesses etc. That focus on IPC needs to be maintained and reinforced across society to enable us to better prevent the whole spectrum of infectious disease which will have broader health, social and economic benefits.
- Individuals and families living on low incomes in jobs which have less favourable sickness benefits continue to be disadvantaged in terms of being enabled to adopt those behaviours that prevent transmission. In particular, being able to stay at home when they or their children have a respiratory infection. The need for a review of statutory sick pay as part of the all hazards approach to the management of infections has been escalated.

## Appendices

None

## Implications

<b>Policy</b>	The LAs response to the pandemic has been and will continue to be in keeping with guidance and best practice
<b>Finance and value for money</b>	There is an expectation that any additional responsibilities placed on the council in relation to pandemic response will be funded by the Government. Any investment in areas of activity, such as IPC, which has a broader application, would be required to go through the council's normal financial procedures or potentially via the ring-fenced Public Health Grant.
<b>Legal</b>	The legal powers to manage any issues arising from the pandemic have reverted back to the Public Health and H&S regulations that are in place to manage any other infectious disease
<b>Procurement</b>	None
<b>Human Resources</b>	None
<b>Property</b>	The use of suitable council premises may be required to support surge testing and vaccination
<b>Equalities</b> (Impact Assessment attached) No	Covid 19 has disproportionately affected some of those with protected characteristics and those living in our most deprived communities. One of the goals of the council's response to 'Living with Covid' will be to mitigate the consequences of further impact on inequalities.
<b>Risk Assessment</b>	Risk assessments are being undertaken related to council activities and staff to reflect the shift in approach

<b>Crime Disorder &amp;</b>	The pandemic and its management has influenced patterns of crime and disorder.
<b>Customer Consideration</b>	The management of the pandemic needs to balance the direct harm from COVID 19 with the indirect social, educational and economic harms.
<b>Carbon reduction</b>	N/A
<b>Health and Wellbeing</b>	The management of COVID 19 is shifting in its approach to minimising harm and the management of infection as part of an all hazards approach to health protection. There are opportunities to build on good practice and embed harm reduction behaviours that will have benefit in preventing a wider groups of infections.
<b>Wards</b>	This report is relevant to all residents in all wards

### **Background papers**

None

### **Report sign off.**

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

	Full Name of Officer
Monitoring Officer/Legal	Suki Binjal
Service Director Finance & Deputy S151 Officer	Alison Elsdon
Relevant Executive Director	Liz Morgan
Chief Executive	Daljit Lally
Portfolio Holder(s)	Wendy Pattison

### **Author and Contact Details**

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Interim Executive Director of Public Health and Community Services  
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**THE  
NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

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# Annual plan and Quality Account

*Jeremy Rushmer, Executive Medical Director*

Agenda Item 8

# OUR FIVE YEAR STRATEGY 2021/22

## OUR VISION

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

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## OUR MISSION

We will transform the traditional hospital-based model to ensure people are true partners in determining their own health provision alongside maintaining, and where possible, diversifying our business model to secure a sustainable future.



## BIG SIGNALS

Helping our staff, patients and our local communities to recover from Covid-19 and do this with a relentless focus on supporting economic growth, tackling inequalities and climate change.



We will drive innovation in healthcare be it corporate and/or clinical innovation.



We will be the best place to work and train and will continue to diversify our workforce to ensure the best possible care for patients is delivered.



To continue along our digital journey with a relentless focus on technology enabled improvement for our staff and patients.



We will transform our estate creating the best environment for patients and staff.



Play a leading role developing new ways of working across the health and care system locally, regionally and nationally with emphasis on strong partnerships.



Be proud of our performance (financial, operational and clinical) and constantly strive for improvement for the benefits of patients and staff.



## KEY ENABLERS



IT



FINANCE



HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT



COMMUNICATIONS AND ENGAGEMENT



## Our vision:

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

**As part of our work to achieve this:**

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

# Annual planning process

- Five year strategic plan (2018 – 2023) – overall direction, what we are about
- Annual plan 2022/23 – linked to five year strategy and development of clinical strategy
- Quality strategy
- Quality Account covering 2021/22 – statutory requirement to inform public of delivery of safety and quality priorities
- Safety and quality objectives agreed for 2022/23
- Annual report and corporate governance statement
- Engagement with key stakeholders

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# Context of the impact of Covid in 2021/22

- Covid has continued to have a massive impact on the ability of the Trust to deliver services to patients - between March 2021 and March 2022 the Trust has cared for 2,799 Covid positive cases
- Our colleagues having Covid and being absent from work has also had a huge impact on our ability to deliver services and treatment as usual (9.43% absence rate in January 2022.) This has put real pressure on clinical teams, and leads to reduced efficiency
- The number of Covid patients we've had to care for, combined with Covid related staff absences has had a detrimental impact on the volume of activity that has been undertaken, which in turn has impacted on the Trust's ability to achieve the usual high levels of performance, e.g. RTT at 86.6% in February 2022 compared to 92%+ in February 2020
- This is all set against a backdrop of increasing referral rates, with the Trust receiving 115% of 2019/20 level of referrals in 2021/22



# Quality Account 2021/22



# Quality Account 2021/22

- Look back at safety and quality priorities for 2021/22 and focus for 2022/23
- Standard requirements for all trusts to report
- Written in line with annual reporting guidance
- Key measures and phrases used that are auditable
- Includes information on mortality and preventable deaths, areas of achievement
- Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators will be tested again this year
- The council of governors will therefore not be required to select an additional indicator to be audited

# Quality Account 2021/22

- Process underway
- Draft account ready end April 2022
- Circulated to stakeholders for formal opinion May 2022
- Final, including stakeholder comments, submitted to NHS Improvement end of June 2022
- Upload to NHS Choices by end June 2022
- Date for submission to Parliament still to be confirmed

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# Safety and quality priorities 2021/22

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# Our 2021/22 eight safety and quality priorities

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

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## The eight priorities contd.

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

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# Performance on our safety and quality priorities 2021/22

Priority	Objective	Q3 Performance	Progress to date
Access to services Page 44	<b>Referral to Treatment</b> – target at end of Q3 is for 92% of patients treated within 18 weeks of referral	Target at end of Q3 is for 92% of patients treated within 18 weeks of referral; end of Q3 = 87.7%	Target missed
	<b>Diagnostics</b> – target is for 99% of patients to have test within 6 weeks of referral	Q3 performance = 95.9%	Target missed
	<b>Cancer</b> – 21/22 target = 9 out of 12 months at 85% or above	Q3 performance = zero months at 85% YTD = 1 month out of 9	Target missed
	<b>Emergency Department</b> – 21/22 target = routinely meet 95% of patients seen & admitted within 4 hours of arrival	Q3 performance = 90.7%	Target missed
Management of acutely unwell patient	Improve timeliness of observations - Q3 & Q4 target = combination of 70-90% on various wards at NSECH and base sites	Q3 performance = 3 target wards at NSECH & NTGH not met Q3 – Q4 target in Q3. Strong performance on other NSECH and base site wards.	Partially met
Supply and administration of medicines	Implementation of Q-Pulse system into all areas -Q3 target = full roll out of Q-Pulse system and audit undertaken	Q3 performance = roll out completed, audit underway	Partially met
Children & young people's emotional well-being & mental health	Improving access times into the service - Q3 target = 70% of referrals seen by day 35	Q3 performance = 64.8%	Target missed
	Check with patients changes improve the service	To be completed in Q4	Not intended to have started

# Performance on our safety and quality priorities 2021/22

Page 45	Outpatients	Increase percentage of virtual outpatient appointments - Q3 target = 29% of all outpatient appointments	Q3 performance = 30.7%	On target
		Decrease response times for Advice & Guidance requests – Q3 target = 79% of requests responded to within 3 days of receipt	Q3 performance = 76.9%	Target missed
		Pilot measures to reduce health inequalities in a selected specialty	Ongoing analysis, interventions based on analysis being planned	On target
Delirium		Embed the use of the 4AT on inpatient wards – Q3 target = 77.5% of all admissions screened within 12 hours of admission	Q3 performance = 74.0%	Target missed
		Roll out of “PINCH ME” training programme	Training delivered to 2 additional wards and 2 services in Q3. Training moved to on-line in response to Covid situation.	On target

# Performance on our safety and quality priorities 2021/22

Patient experience	Reinstate real time measurement of patient experience	Realtime measurement has now been re-instated across the Trust.	On target
	Understand the impacts of remote consultations on patient experience	Work has commenced on this measure.	On target
	Improve accessibility of service for people who are deaf or hard of hearing	Work has commenced on a number of strands of this workstream, with the aim to complete all by March 2022.	On target
Staff experience	Maintain our cycle of quarterly staff experience audit	Regular staff engagement survey in place, with robust PDSA cycle in place to ensure action is taken on areas of concern.	On target

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# Safety and quality priorities 2022/23

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# Background

- Every year the Trust in collaboration with business units, governors and other stakeholders identify a number of safety and quality priorities
- For next year, we have identified six possible quality improvements
- Some of these priorities build on previous improvement work and others are new priorities aligned to the wider Patient Safety Strategy
- It should be noted that business units will be working on many other safety and quality initiatives which form part of their annual plans

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# The six proposed priorities

## 1. Ambulance handover

- Eliminate over 60 minute waits
- 95% of all handovers within 30 minutes
- 65% of all handovers within 15 minutes

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## 2. Medication errors – community

- Reduce medication errors in community nursing
- Establish 'Datix Hubs' in all Primary Care Networks (PCN)
- Implement learning logs and evaluate the impact on staff

# The six proposed priorities

## 3. Cancer pathway – urology

- Complex pathway – multiple stakeholders
- Aim to achieve:
  - 93% of patients seen on two week wait pathway
  - 75% target for 28 day faster diagnosis pathway
  - 85% of patients seen and receiving first treatment by 62 days referral from GP

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## 4. Maternity – medical devices training / E-quip

- Medical device training currently recorded on paper
- Implement an electronic database system
- Development of medical devices portfolio, associated training and competency assessments



# The six proposed priorities

## 5. Patient experience

- Robotic Assisted Surgery (RAS)
- Re-design Real Time programme
- Improve access for D/deaf patients

## 6. Staff experience

- Three 'Pulse' surveys and National Staff Survey
- Scale-up staff experience programme
- Successful roll out of R3P programme (recovery, readjustment and reintegration programme)
- Impact of poverty, cost of living and quality of life for staff
- Staff experience in Northumbria Healthcare Facilities Management (NHFM)



**THE**  
**NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

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**Any questions?**

**Thank you**



**THE**  
**NORTHUMBRIA WAY**

PEOPLE CARING FOR PEOPLE

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# Rothbury update to OSC April 2022

*Dr Paul Paes: Business Unit Director*

*Marion Dickson: Executive Director of Nursing, Midwifery and AHPs*

*Teresa Creighton: Deputy Director*

Agenda Item 9

## To recap...

- Decision to temporarily close inpatient beds in Rothbury in 2016 where public engagement and then consultation took place
- Recommendation to permanently close the inpatient beds to Northumberland overview and scrutiny committee (OSC) - referred to the Independent Reconfiguration Panel (IRP)
- IRP made recommendations to relook at the decision and do all things possible to re introduce the beds
- Presentation to the OSC re new model including flexible bed model accepted
- Work to make this happen commenced.....COVID hit

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# Our initial ambition

- To implement an integrated nurse / therapist led 24-hour community care facility, with medical cover and a flexible bed base, at Rothbury Community Hospital
- Patient care to be interchangeable either in their home or in a hospital bed depending on clinical need
- The team would be separate and additional to the current teams who provide care for the local population
- Estate work to be completed and flexible bed model to be operational from April 2020
- Ambition shared with the local community and OSC - supportive of the model and positive about the progress made

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# Challenges...

- Recruiting the team – clinical lead recruited, who is now supporting the community, but struggled to recruit to other posts
- Financial model
- Medical cover and clinical governance

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And then Covid-19 happened... further developments put on hold

# What we have learnt from Covid

- We need flexibility to cope with future challenges – beds, staffing, infection control...
- Focus should not just be about hospital beds but about delivering healthcare in community settings
- Medically fit people should not be in hospital beds
- Data audit to identify the number of patients who would have been appropriate to be in a bed at Rothbury supports the hypothesis of the need for flexible bed model

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# Our proposed solution

- Northumbria will work in partnership with People First Care
- The Trust will commit to purchasing NHS beds within the facility - this will flex depending on need
- This aligns to some of our work in other parts of Northumberland and North Tyneside which works really well
- This not only delivers the flexible bed model as promised but also adds in additional residential care beds for the community - this is unique and we are committed to making this work



# Residential Care Model

The model will include:

- Residential care facility – staffed in accordance with CQC registration
- District nurses will undertake shared care for end of life clients
- Joint training and learning opportunities for PFC staff and NHCT staff
- Refurbishment of existing rooms
- PFC registered provider
- PFC recruits and manages staff
- The unit will provide full laundry and catering facilities for all clients
- Includes the opportunity for a day centre

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# NHS Bed Model:

- End of Life Care
- Recuperation
- Slow stream rehabilitation
- Clinical support from Community Teams
- Admission criteria and clinical management of access to beds
- GP support for NHS beds
- Flexible model

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# Review and evaluation

Three and six month evaluation to include:

- Number of admissions to health beds
- Reason for admission
- Length of stay
- Number of patients unable to access health beds, including reasons for admission
- Patient satisfaction questionnaire
- Staff satisfaction questionnaire
- Clinical review of all admissions

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# Benefits of this model

The Trust and PFC partners believe the benefits of this model includes:

- Page 62 Utilisation of the vacant beds at Rothbury in a purposeful way
- Provision of an out-of-hospital bed-based facility in an area that does not currently have a care home establishment
- Value for money to the public and NCCG
- Provision of a bed-based end of life care model in the Rothbury area
- A new employer in the Rothbury area, bringing opportunities to the local population

## What next

- We have already established a Rothbury Board and Operational Group
- Presentation to CCG Management Board – approved with recommendations
- Presentation to CCG Public Board – approved with recommendations
- Plans are developing for the refurbishment of the rooms
- We have a detailed communications plan
- Together with a commitment to continue to keep local residents and stakeholders updated with progress.



# Any questions





## Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

5<sup>TH</sup> APRIL 2022

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Addictions Services: Impact and considerations of the Independent Review of Drugs by Professor Dame Carol Black and the new UK Drug Strategy.

**Report of (Officer Name):** Liz Morgan, Interim Executive Director of Public Health and Community Services.

**Cabinet Member:** Cllr Wendy Pattison. Portfolio holder Adults' Wellbeing.

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### **Purpose of report**

To advise scrutiny members of the recommendations made by Professor Dame Carol Black's Review of Drugs; the new funding package made available to support the delivery of the 2021 England Drugs Strategy; and the associated requirements and conditions placed upon Northumberland County Council (NCC) and its partners.

### **Recommendations**

It is recommended that the Health and Wellbeing Overview and Scrutiny Committee:

- Considers the contents of this report, the key issues and implications.
- Note the additional funding for drug/alcohol treatment and recovery.
- Comment on the proposals for Northumberland services.

### **Link to Corporate Plan**

This report is relevant to the commitment within the NCC Corporate Plan 2018 – 2021 to improve health and wellbeing while addressing drug and alcohol misuse; and the priority to ensure our most vulnerable residents get the support and care they need.

### **Key issues**

The Council (via the public health ring fenced grant) has consistently maintained its investment in drug and alcohol treatment and as a result has an effective system with a skilled workforce that creates positive outcomes for some of our most vulnerable and marginalised residents. Our adult treatment service - The Northumberland Recovery Partnership (NRP) - has shown resilience and innovation in its response to the pandemic,

ensuring patient safety and staff wellbeing. However, there are ongoing challenges, some of which have been exacerbated by the pandemic:

- Nationally, drug related deaths have been increasing for the past decade and the North East has the highest rate of deaths in England<sup>1</sup>. Though Northumberland has amongst the lowest levels of deaths in the North East, rates are still above the national average. Many deaths are a result of long-term substance abuse, a highly chaotic lifestyle, and often untreated mental health conditions. People with these issues can be difficult to engage in treatment and alternative options and ways of working are needed.
- During the pandemic, NRP has reduced the number of people discharged from treatment as a means of maintaining the safety of some of its most vulnerable patients. The decision makes sound clinical sense, and will have undoubtedly saved lives, but it has increased the number of people the service works with, and the caseloads of staff.
- People who drink alcohol problematically have increased their use during the pandemic. Research has shown this has been particularly acute in areas of high deprivation across the north of England<sup>2</sup>. Though at this stage it is impossible to determine the full extent of the harms created, NRP is experiencing a steady upturn in referrals and there is increasing unmet need within the community. If referrals continue to increase, the service will need to adapt its model accordingly, potentially bringing in additional specialist alcohol staff.
- Nationally there is a staff shortage within the substance misuse sector and services are struggling to recruit and maintain a skilled and experienced workforce. Despite increased investment from NCC throughout 2021/22, NRP have been unable to recruit to several key posts and this has resulted in some areas of delivery being under resourced. Without intervention, the situation is unlikely to change, and we will need to support the service in developing an employment offer that is attractive to potential staff and bring the required quality into the County.
- Access to support services was often reduced during the pandemic, with some services being forced to close and others restricting their delivery. Addiction rarely exists in isolation and without the opportunity to address wider health needs, have somewhere safe to live and access to education and employment, the benefits of treatment can be difficult to maintain.

The publication of the Review of Drugs<sup>3</sup> and the new Drug Strategy<sup>4</sup> presents a turning point in the Government approach to addressing the harms of substance misuse. Local Authorities will receive additional funding to deliver their treatment systems, but alongside that, increased scrutiny and accountability will be implemented to ensure that the requirements of the Drug Strategy can be successfully delivered at a local level. Local

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1

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020#possible-explanations-for-the-increase-in-drug-related-deaths>

2 [The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019 \(plos.org\)](https://doi.org/10.1371/journal.pone.0238888)

3 [Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/independent-review-of-drugs-by-professor-dame-carol-black)

4 <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>



Authorities must be prepared to work within the conditions of the funding award, putting the required structure in place to ensure local priorities are met, as well as national ones, and contribute to the overall successful delivery of the Drug Strategy in the initial three-year period to ensure there is a sound case for further funding and support. In summary, the key issues for NCC, presented by the Drug Strategy are:

- Appropriate local public health commissioning and financial resource to manage the new funding package.
- Expectation that existing investment from the public health grant is maintained.
- Develop new and innovative areas of service delivery, while also addressing the challenges faced by the service as outlined above.
- The increased burden of adhering to, and reporting against, a new national outcome framework and increased scrutiny from Government of our system delivery.
- Minimise any risk presented by NRP being in its final contracted year of delivery.
- Responsibility for the local delivery of the Drug Strategy to sit within a strategic partnership (existing or newly created) which has the appropriate seniority and partner agency representation.

## **Background**

### **Northumberland drug and alcohol treatment service.**

NRP is delivered by a partnership between Cumbria, Northumbria, Tyne and Wear NHS Foundation Trust (CNTW) and the voluntary sector services Turning Point and Changing Lives. The service provides treatment for drug and alcohol dependency across Northumberland. Treatment includes psychosocial therapies, substitute prescribing, harm reduction interventions (such as needle exchange and supervised consumption of methadone) and recovery support. The service is commissioned by the council's Public Health team and will enter its final year of contract in 2022/23. The forthcoming Provider Selection Regime, which will come into force as part of the Health and Care Bill (scheduled for August 2022), will create the option of continuing with the current service providers without having to pursue a full re-tendering process.

Three of the Public Health metrics within NCC's performance framework relate to NRP activity – successful completion of treatment and non-return within 6 months for opiate, non opiate and alcohol users (metrics are grouped by substance). In general, NRP has demonstrated good performance against these indicators though the pandemic has reduced the number leaving treatment and increased demand, both of which have impacted negatively on these outcomes. NRP has introduced a range of interventions to protect its most vulnerable clients during the pandemic and to continue to provide a service.

Along with NRP, our young people's service, Sorted, works with children and young people under 18 years of age to reduce the harms of substance use and improve health and wellbeing. We also commission the carers service, Escape, to deliver support to those who have a caring role for people using drugs and alcohol problematically. Additional work to prevent the harms of substance use, takes place with a range of partners including

Northumberland Clinical Commissioning Group, the North East and Cumbria Integrated Care System and local NHS primary and secondary care services.

### **The Review of Drugs and new Drug Strategy.**

In 2019 Professor Dame Carol Black was appointed by the Government to lead an independent review of drugs. The review examined the links between addiction and crime, and the role of treatment and recovery in tackling addiction and reducing harms. The report, published in two parts in Feb 2020 and July 2021, found that drug use is intrinsically linked to violent crime, poverty and deprivation; drug related deaths are at an all-time high; and that disinvestment in the treatment system had resulted in higher unmet need and the workforce had reduced in number and quality. In all, the report made 32 recommendations, including the need for enhanced and protected funding by Government; improved treatment and recovery services; more emphasis on access to employment and housing; and greater Local Authority accountability.

The Government's response to the review, published in July 2021, supported the findings, and committed to publishing a long-term drug strategy by the end of the year, which would focus on reducing demand, supporting treatment, and targeting crime. There had already been a commitment made by Government in early 2021 to provide additional funding of £80m to Local Authorities in 2021/22 to invest in treatment and recovery services. Additional funding was also promised as part of the new Drug Strategy for 2022/23 and beyond.

As part of the initial £80m (termed the 'Universal Grant') available, NCC was awarded £350k to enhance local treatment delivery – especially activity that reduced drug related deaths and increased access and outcomes for criminal justice clients; and an additional £60k for in-patient detoxification (IPD). The £350k treatment fund has created an additional six new staff posts; an enhanced health and wellbeing prison release pathway; a wider physical healthcare offer from our harm reduction service, increased naloxone provision and a programme of staff training and development opportunities. The IPD fund has enabled NCC to develop a consortia partnership with North Tyneside and Newcastle Councils, pool resources and create an in-patient service, in partnership with CNTW. The service was one of the first in the country, using the new funding, to become operational.

The new Drug Strategy was published in Dec 2021, and with it, a commitment to provide an additional £533m over the next three years to deliver the recommendations of the Dame Carol Black Review and enhance local treatment and recovery services. The Office for Health Improvement and Disparities (OHID) has been tasked with coordinating the funding roll out and creating a monitoring framework for Local Authorities and their services to deliver against. Northumberland's provisional three year figures for enhanced funding are set out below:

#### Northumberland allocation for drug treatment, recovery and inpatient detoxification 22/23 to 24/25.

	2022/23	2023/24	2024/25
Treatment and Recovery	£470,000	£700,000	£1,150,000

Inpatient Detoxification	£62,040	£62,040	£62,040
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## **Implications**

<b>Policy</b>	Drug and alcohol treatment services are delivered within Northumberland in accordance with the conditions of the Public Health Grant.
<b>Finance and value for money</b>	<p>Drug and alcohol treatment is evidenced as being cost effective. It is estimated that the combined benefits of drug and alcohol treatment are £2.4bn every year, resulting in savings in areas such as crime, quality-adjusted life years (QALYs) improvements and health and social care.</p> <p>For every £1 invested in treatment services there is an estimated return on investment of £4, which increases to £21 over 10 years.</p> <p>NCC will receive additional funding over the next three years to invest in our drug and alcohol treatment and recovery system (see above for actual figures).</p>
<b>Legal</b>	None
<b>Procurement</b>	The existing contract for our treatment service expires March 2023. A re-commissioning exercise will be delivered during 2022/23. The opportunities created by DHSC's Provider Selection Regime (expected August 2022) will be considered as part of this exercise.
<b>Human Resources</b>	None
<b>Property</b>	None
<b>Equalities</b> (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Not undertaken for this report
<b>Risk Assessment</b>	N/A
<b>Crime Disorder &amp;</b>	Drug and alcohol treatment is evidenced as reducing offending. The Ministry of Justice state that offending reduces by up to 59% when a person accesses treatment.

	Within Northumberland a quarter of all referrals to treatment come via the criminal justice system, and over a third of service users have a criminal conviction.
<b>Customer Consideration</b>	The treatment service conducts a quarterly patient feedback survey. Results are shared at contract meetings with Public Health and show a high level of satisfaction with the service.  A Health Needs Assessment was undertaken in 2020 and surveyed opinions from current and former service users. Again, a high level of satisfaction was demonstrated.
<b>Carbon reduction</b>	N/A
<b>Health and Wellbeing</b>	The delivery of an effective drug and alcohol treatment system supports the Joint Health and Wellbeing Strategy 2018 – 2028 by reducing the number of alcohol related hospital admissions, improving mental wellbeing and improving outcomes for those living in our most disadvantaged communities.
<b>Wards</b>	All.

**Background papers:**

Independent review of drugs by Professor Dame Carol Black. Part 1 & 2.

<https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black>

UK Drug Strategy – ‘From harm to hope: A 10-year drugs plan to cut crime and save lives’.

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

**Report sign off.**

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

	Full Name of Officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Alison Elsdon
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Portfolio Holder(s)	Cllr Wendy Pattison

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# **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)

21 March 2022 - CA

Agenda Item 11

## 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**

5 April 2022

Page 76	COVID Update	An update on the changes outlined by the Government between 21st February and 1st April on Living with Covid 19 and the implications for future management of the pandemic.
	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	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.

3 May 2022

	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
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	<p>Update on the dissolution of the partnership with Northumberia Healthcare.</p> <p>Update on 0-19 Services following the dissolution of the partnership with Northumberia Healthcare.</p>	<p>A review of the changes to adult social care following the dissolution of the partnership agreement between Northumbria Healthcare and Northumberland County Council.</p> <p>A review of the changes to 0-19 servcies following the dissolution of the partnership agreement between Northumbria Healthcare and Northumberland County Council.</p>
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**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	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.
10	31 August 2021	COVID-19 Update: Public Health/CCG	<b>RESOLVED</b> 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	<b>RESOLVED</b> that the information be noted.	No further action at this time

12	5 October 2021	Winter Planning Update	<b>RESOLVED</b> that the information be noted.	No further action at this time
13	5 October 2021	HealthWatch Northumberland Annual Report	<b>RESOLVED</b> that the information be noted.	No further action at this time
14	9 December 2021	COVID/Vaccination Update	<b>RESOLVED</b> that the information be noted.	No further action at this time
15	9 December 2021	Director of Public Health Annual Report 2020	<p><b>RESOLVED</b> that:-</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. An integrated carbon reduction, equality and health inequality approach as part of our policy development and appraisal process be introduced.</li> <li>3. The strong community networks and increased social cohesion to ensure residents were at the centre of processes to design initiatives and services which met their needs and aspirations should be built on.</li> <li>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</li> </ol>	COVID-19 Inequalities Impact Assessment to be shared with the Committee.

			exploit the wider social value of the Northumberland pound, be supported.	
16	4 January 2022	PRE-SCRUTINY:- Workforce Issues in Commissioned Care Services	<b>RESOLVED</b> 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 Report 2020- 21	<b>RESOLVED</b> that the information be noted.	No further action at this time
18	1 February 2022	Access to GPs in Northumberland	<b>RESOLVED</b> that the presentation and comments made be noted	No further action at this time
19	1 February 2022	Access to Dental Services in Northumberland	<b>RESOLVED</b> that the presentation and comments made be noted	No further action at this time
20	1 March	End of Life Strategy	<b>RESOLVED</b> that the presentation and comments made be noted.	Further update to be given early 2023

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# **Northumberland County Council**

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

### **Work Programme and Monitoring Report 2022 - 2023**

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Chris Angus, Scrutiny Officer  
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## 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 COVID  
COVID-19 (Endemic)

**Themed scrutiny:**  
**Other scrutiny:**

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**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		
Page 87	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.
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.
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**Northumberland County Council  
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2022-2023**

Ref	Date	Report	Decision	Outcome
1				

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