

Public Document Pack



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 24 June 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 JULY 2022** at **1.00 PM**.

Yours faithfully

Daljit Lally
Chief Executive

To Health and Wellbeing OSC members as follows:-

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



Daljit Lally, Chief Executive
County Hall, Morpeth, Northumberland, NE61 2EF
T: 0345 600 6400
www.northumberland.gov.uk



AGENDA

PART I

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

1. APOLOGIES FOR ABSENCE

2. MINUTES OF PREVIOUS MEETING

(Pages 1
- 18)

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

- a. 3 May 2022
- b. 31 May 2022

3. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required where a matter arises at a meeting;

a. Which **directly relates to** Disclosable Pecuniary Interest ('DPI') as set out in Appendix B, Table 1 of the Code of Conduct, to disclose the interest, not participate in any discussion or vote and not to remain in room. Where members have a DPI or if the matter concerns an executive function and is being considered by a Cabinet Member with a DPI they must notify the Monitoring Officer and arrange for somebody else to deal with the matter.

b. Which **directly relates to** the financial interest or well being of a Other Registrable Interest as set out in Appendix B, Table 2 of the Code of Conduct to disclose the interest and only speak on the matter if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain the room.

c. Which **directly relates to** their financial interest or well-being (and is not DPI) or the financial well being of a relative or close associate, to declare the interest and members may only speak on the matter if members of the public are also allowed to speak. Otherwise, the member must not take part in discussion or vote on the matter and must leave the room.

d. Which **affects** the financial well-being of the member, a relative or close associate or a body included under the Other Registrable Interests column in Table 2, to disclose the interest and apply the test set out at paragraph 9 of Appendix B before deciding whether they may remain in the meeting.

e. Where Members have or a Cabinet Member has an Other Registrable

Interest or Non Registerable Interest in a matter being considered in exercise of their executive function, they must notify the Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

- 4. FORWARD PLAN** (Pages 19 - 22)

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 23 - 30)

The minutes of the Health & Wellbeing Board held on 12 May 2022 is attached for the scrutiny of any issues considered or agreed there.
- 6. REPORTS FOR CONSIDERATION BY SCRUTINY** (Pages 31 - 38)

REPORT OF THE DIRECTOR OF ADULT'S SOCIAL SERVICES

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.
- 7. IMPROVING ACCESS PROJECT FEEDBACK – GP ACCESS** (Pages 39 - 60)

Feedback from engagement work undertaken by the CCG regarding GP access in Northumberland. (Presentation attached).
- 8. HEALTH AND WELLBEING OSC WORK PROGRAMME** (Pages 61 - 68)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2022/23.
- 9. URGENT BUSINESS**

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

10. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 6 September 2022 at 1.00 p.m.

PART II

It is expected that matters included in this part of the Agenda will be dealt with in private. Reports referred to are enclosed for members and officers only, coloured pink and marked "Not for Publication".

11. EXCLUSION OF PRESS AND PUBLIC

The Committee is invited to consider passing the following resolution:

- (a) That under Section 100A (4) of the Local Government Act 1972, the press and public be excluded from the meeting during consideration of the following item on the Agenda as it involves the likely disclosure of exempt information as defined in Part I of Schedule 12A of the 1972 Act, and
- (b) That the public interest in maintaining the exemption outweighs the public interest in disclosure for the following reasons:-

Agenda Items	Paragraph 3 of Part I of Schedule 12A
12	Information relating to the financial or business affairs of any particular person (including the authority holding that information)
AND	The public interest in maintaining this exemption outweighs the public interest in disclosure because disclosure could adversely affect the business reputation or confidence in the person /organisation and could adversely affect commercial revenue.

12. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES

Integrated Sexual Health Service for Northumberland – Permission to Tender

The purpose of this report is to provide the background to the need to provide a comprehensive open-access sexual health service as part of the council's statutory public health functions; and to seek permission to proceed with a formal tender exercise.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):			
Are you intending to withdraw from the meeting?		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

"Disclosable Pecuniary Interest" means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

"Partner" means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

5. Where you have a disclosable pecuniary interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

8. Where a matter arises at a meeting which **affects** –
 - a. your own financial interest or well-being;
 - b. a financial interest or well-being of a relative or close associate; or
 - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied

9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
 - a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
 - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise, you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

Where you have an Other Registerable Interest or Non-Registerable Interest on a matter to be considered or is being considered by you as a Cabinet member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

This page is intentionally left blank

Agenda Item 2

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 3 May 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

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

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bell, J.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Bradley, N	Director of Adult Social Services
Charters, H.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Cotton, M	North East Ambulance Service (NEAS)
Gilchrist, T.	North East Ambulance Service (NEAS)
Nugent, D.	Northumberland Healthwatch
O'Brien, A.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Pattison, W.	Cabinet Member for Adults' Wellbeing
Quinn, L.	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Rutherford, S.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Sams, P.	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Teasdale, C.	Newcastle upon Tyne Hospitals NHS Foundation Trust
Todd, A.	Democratic Services Officer
Troy-Smith, A.	Newcastle upon Tyne Hospitals NHS Foundation Trust

72. APOLOGIES FOR ABSENCE

Apologies for absence was received from Councillor C. Humphrey and D. Ferguson.

73. 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.

74. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 10 March 2022 and 14 April 2022 be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

The Committee was advised that all NHS healthcare providers were required to produce an annual Quality Account, to provide information on the quality of services they delivered. The Quality Accounts were reports about the quality of services offered by an NHS healthcare provider. The reports were published annually by each provider and were available to the public.

Members were requested to receive and comment on the presentations from each Trust, and to consider agreeing to submit formal responses to each Trust following the meeting based on members' views.

75. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST 2021/2022 QUALITY ACCOUNTS

Members received a presentation from L. Quinn and P. Sams from the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. (A copy of the 2021-22 Quality Account and presentation slides have been filed with the signed minutes).

The Quality Account outlined how the Trust had performed over the course of 2021-22, taking into account the views of service users, carers, staff and the public. The Quality Account outlined the good work that had been undertaken, the progress made in improving the quality of services and identified areas for improvement.

It was reported that the effects of the coronavirus pandemic continued to affect the delivery of services. There had been a great deal of good work undertaken in the past 12 months, but it was acknowledged that it had been difficult at times to maintain the standards and quality the Trust aspired to achieve.

The Trust reported that they had been extremely proud of their teams, working in partnership with others and particularly with service users, their carers and families.

The Quality Account detailed what had been achieved during 2021-22, including the progress with their four Quality Priorities. The document also set out the Trusts Quality Priority ambitions for 2022-23.

The presentation included:

- Trust wide and Northumberland waiting times analysis. It was reported that there was an increase in people waiting over 18 weeks for all services with the exception of CYPS services, who had maintained no waiting times past 18 weeks since quarter 1 2020-21 when one individual waited over this timescale.
- The Quality Priorities for improvement during 2021-22 and their impact on long term Quality Goals.
- The 2021-22 Quality Priorities evaluation. Including the COVID pressures on staffing and service delivery which had resulted in progress made to support all Quality Priorities being given the status of 'partially completed'.
- Three of the Quality Priorities would continue into the new financial year with robust milestone plans.
- The fourth Quality Priority was to be adapted after feedback from patients, families and partners.
- For 2022-23 the Quality Priorities were to:
 - Quality Priority 1 – Improving the inpatient experience by removing barriers to admission and discharge and improving the therapeutic offer during treatment.
 - Quality Priority 2 – Improving waiting times in areas where demand currently exceeded capacity.
 - Quality Priority 3 – Support service users and carers to be heard by improving processes and promoting person-centred approaches.
 - Quality Priority 4 – Implement a Trust wide approach working across Locality Groups. The Equality & Diversity Lead, CNTW Academy, Chaplaincy, Commissioning & Quality Assurance, Accessible Information Standard Group and Communications and Staff Networks.

Discussion followed, of which the key points from members and responses were:

- In relation to a query regarding Quality Priority 4: reducing disciplinary/grievance cases relating to bullying and harassment, it was confirmed that this target had been set following staff survey results. The staff survey had highlighted inconsistencies in bullying and harassment reports among racial and ethnic minority groups which, although a small number, the Trust wanted to address.
- Confirmation that there had been an increase in referrals and waiting times across all pathway services due to the pandemic.
- The improvement of inpatient experience by removing barriers to admission and discharge was needed. It was hoped the measures put in place would improve partnership working, improve ward standards and create added value to patient care especially older people and

those with learning disabilities. This would also help improve waiting times.

- The Trust was confident that waiting times would improve following the review of the Adult Autism Diagnostic Service and the Adult Attention Deficit Hyperactivity Disorder Service pathways.

The Chair thanked officers from the Trust for presenting their Quality Account to the Committee.

RESOLVED that the information be noted, and a formal response be sent to the Trust following the meeting.

76. NORTH EAST AMBULANCE SERVICE 2021/2022 QUALITY ACCOUNT 2021/22

Members received a presentation from M. Cotton and T. Gilchrist from the North East Ambulance Service (NEAS) on their Annual Quality Report 2021/22 (A copy of the report and presentation has been filed with the signed minutes).

The report demonstrated how NEAS were performing and identified areas for improvement considering the views of service users, carers, staff and the public. It was reported that NEAS strived continuously to improve patient safety, patient experience and clinical effectiveness. Emerging from the pandemic NEAS focus had shifted to the recovery of services, supporting the workforce and preparing for the changes in the external environment. It was advised that 2022/23 would bring major changes which would impact on the way NEAS delivered services.

The Quality Priorities had been chosen to align with NHS England and NHS Improvement's 2022/23 operational planning guidance and priorities for the National Health Service, the Care Quality Commission Domains and the Trust's five-year strategy 2021-2026.

Within the Annual Quality Report, the four quality priority options for 2022/23 had been outlined including progress made. However, it also recognised where key actions had not been achieved as planned due to prioritising patient care and the unprecedented demands experienced on services due to COVID-19. It was reported that with the easing of COVID-19 restrictions NEAS were able to undertake a period of consultation with internal and external stakeholders throughout April and May 2022 which enabled them to ensure the 2022/23 priorities would fully address the needs of patients, staff, partner NHS organisations and other business partners across the region going forward.

Members were informed of:

- Data on the number of 111 calls offered and average time to answer.
- It was advised that a large-scale recruitment campaign for an additional 152 health advisors for both the 111 and 999 service was on target to

increase the team in order to meet demand. This month alone another 53 health advisors had started.

- NEAS had recently worked with the Dental Commissioner at NHSE to almost double the number of appointments on offer each week for patients with an urgent dental concern.
- Details of 111 Outcomes. It was reported that the actual percentage of patients that received an ambulance was far less than the 17% recorded. This was the output from the NHS Pathways data however after a lower category ambulance outcome had been reached, the call may be reassessed by a clinician and the outcome downgraded.
- Data on the number of 999 calls offered and hear & treat rates.
- NEAS had seen an increase in both 111 and 999 calls received during the pandemic.
- Average response standards to life-threatening calls in Northumberland and North Tyneside CCG and across NEAS assessed as category 1, 2, 3 and 4.
- Recognition that across England, NEAS was one of the top performing trusts across all response time data despite the rural nature of the area. However, no ambulance service in the country achieved the 40 minute average response time set.
- Response standards to 90% of emergency calls in Northumberland and North Tyneside CCG and across NEAS.
- The average times to handover to the hospital, average times to clear. It was reported that the national handover target for hospitals was 15 minutes with no ambulances waiting more than 30 minutes. The average handover time for NEAS during 2021/22 was 22 minutes 16 seconds (7 minutes over the target).
- The time lost due to the need to deep clean after every patient.
- Patient care completed journeys.
- Staff sickness absences and the impact this had on services.
- The main issues impacting the services including the increased in demand acuity which had resulted in further pressure on response times, COVID impacts on road resources and long COVID impact on staff and staff well-being.

Discussion followed, of which the key points from members and responses were:

- Concern was raised about response times in the more rural areas of Northumberland. It was queried if this information could be broken down further to show response times on an area by area basis. It was advised that NEAS did not have the capacity to provide this more detailed data at a local level. NEAS understood that isolated rural areas would, on the whole, have a slower response time than those in urban areas but pointed out that the service still responded in a faster time than others. The distance travelled by an ambulance may be further but unlike other areas it was less likely that it would be diverted to a more urgent call.
- Members welcomed the increased numbers of defibrillators in the community.

- A question was asked how community public access defibrillators would work if there was a power cut such as what happened following Storm Arwen. It was reported that they had a battery pack which would last quite a while.
- The aim to ensure patients received end of life care and a calm and peaceful death, in their preferred place of care, wherever possible was commended.
- Clarification was sought regarding response time data. It was stated that the clock only stopped when the most appropriate person/vehicle arrived on the scene.
- It was noted that there was additional demand placed on NEAS during busy tourism times in Northumberland. It was reported that this did require additional resources and added to capacity issues within NEAS. Conversations regarding this continued to take place to ensure need could be met and identify any potential additional funding streams available.

The Chair thanked officers from the Trust for presenting their Quality Account to the Committee.

RESOLVED that the information be noted, and a formal response be sent to the Trust following the meeting.

77. NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST 2021/2022 QUALITY ACCOUNTS

Members received a presentation from A. O'Brien, H. Charters, A. Troy-Smith, C. Teasdale, S. Rutherford and J. Bell from the Newcastle upon Tyne Hospitals NHS Foundation Trust on their Quality Report 2021/22. (A copy of the report and presentation has been filed with the signed minutes).

Members were advised that the Quality Account for 2021/22 detailed the key quality and patient safety priorities for 2022/2023 and it demonstrated how the Trust had continued to deliver high quality, effective care for patients during the last year.

The Trust continued to tackle the COVID-19 pandemic as well as continuing to provide a full range of community, general and specialist healthcare services to the North East and beyond.

It was reported that over the past year, the Trust had not compromised on high standards or their desire to continually improve. Staff had continued to adapt so that the Trust could provide the best care.

Some of the achievements included:-

- Opening a state-of-the-art theatre hub dedicated to cataract surgery.
- Opening of a new cancer centre on the site of the Cumberland Infirmary in Carlisle following an investment of £35million in north Cumbria.

- Tackling the climate emergency and taking the voice of young patients from the Great North Children's Hospital to COP26 in Glasgow.
- Becoming the first hospital in the region to launch a new self-service tool, in partnership with NHS Digital, to help everyone to use emergency care appropriately.
- Received over £5.47million to continue research into a range of health conditions.
- Continued to roll out the regional vaccination programme for COVID-19.

Members were informed of:

- The current position in relation to the Pandemic. It was reported that over the last year, COVID-19 had continued to have a significant impact upon the Trust: Staff sickness levels had been unprecedented, reaching over 12% in January 2022. Patient acuity had worsened due to delays in presentation. Patient flow through the organisation had been challenged due to increased attendance at Accident & Emergency, increased length of stay and increased occupancy. Elective waiting list numbers had increased by 49% and for the first time in the history of the organisation, some patients have had to wait over two years for their treatment.
- An update was received on what had been achieved against Quality Account Priorities for 2021/22:

Priority 1 Reducing Healthcare Associated Infections(HCAIs)

- C. difficile – The Trust had seen an increase of 58%, with 169 cases in total. The increase had been multifactorial, including the high acuity of patients and the previous suspension of multidisciplinary post infection review (PIR) meetings due to the additional COVID-19 workload and staffing pressures.
- MSSA bacteraemias –The Trust had seen a 10% increase meaning 110 cases in total and predominately more cases during the second and third pandemic waves.
- E. coli bacteraemias – Unfortunately, the Trust did not achieve its 10% reduction aim as 206 cases were assigned to Newcastle Hospitals NHS Foundation Trust (NUTH), however the Trust was within the national threshold of no more than 228 cases.
- Klebsiella bacteraemias –NUTH had 146 cases assigned, which was an increase of 25%, however the Trust was within the national threshold of no more than 167 cases.
- Pseudomonas aeruginosa bacteraemias –NUTH had 43 cases assigned, which was a 5% increase. The Trust was also within the national threshold of no more than 54 cases.
- COVID-19 - Healthcare associated COVID-19 cases (definite and probable) had remained below national and regional average throughout the pandemic.

Priority 2 - Pressure Ulcer Reduction

- A new Pressure Ulcer Prevention Pathway had been developed to guide and support staff.
- A robust programme of education had been developed by the Tissue Viability Team delivering regular 'Pressure Ulcer Prevention' (PUP) updates across Newcastle. Sessions were well attended by staff from community nursing and specialist services.

Ch.'s Initials.....

Health & Wellbeing OSC, 3 May 2022

- Promotion of the ethos that PUP was the responsibility of all NHS staff regardless of where it was encountered by patients in their care journey.
- Educational sessions had been offered not only to Trust staff, but also to staff working in private organisations. This promoted consistent messages across all care providers and ensured that preventative care interventions aligned with current best practice.
- Data collected over the previous three years showed that pressure ulcer incidence in the community was on a gradual downward trend.

Priority 3 – Management of Abnormal Results

- A clinical lead for the management of abnormal results had now been appointed and reviewed the Trust's investigations processes. The Radiology Directorate was to be the pilot for this new process.

Priority 4 – Modified Early Obstetrics Warning Score (MEOWS)

- IT solution was ready to go live once tested with a new question to be added in relation to pregnancy status to assist automation of maternity charts.
- Newly appointed Clinical Director for Patient Safety to lead on this project.

Priority 5 – Enhancing capability in Quality Improvements

- The Newcastle Improvement Team had successfully recruited staff onto the three programmes.
- The Institute for Healthcare Improvement (IHI) had delivered three training programmes.

Priority 6 – Mental Health in Young People

- Multi-disciplinary Team Mental Health Strategy Group established and were meeting monthly with CNTW joining bi-monthly.
- Investment identified by the We Can Talk Project and online training had been well utilised by staff.
- Ongoing review of environment in Paediatric Emergency to create a 'Safe space'.
- Much improved communications with colleagues at CNTW and collaborative work ongoing.
- Parent information leaflets now in use.
- Evidence of involving patient and parent to learn from experience.
- Policy for detaining patients under the Mental Health Act now included under 18 years.
- Evidence of a very effective Multi-Disciplinary Team Support Hub including CNTW staff ahead of referral.

Priority 7 – Ensure reasonable adjustments are made for patients with suspected, or known, Learning Disability (LD)

- Medical support had ensured mortality reviews for patients with a Learning Disability who died whilst in Trust care were timely.
- Pathways continued to be developed for adult patients requiring MRI/CT under sedation.
- Learning Disability flags were now visible for adults and children.
- Audit documentation was now available which provided evidence of best practice.
- Learning Disability Liaison Team was meeting bi-monthly to share learning and examples of good practise.

- Organisation registered for Improvement Standards 2021/2022.
- Review of pathways and e-learning to determine if any adaptations were required.
- Work ongoing to incorporate theatre attendance within passport for Children & Young People.
- Review of role of 'Champion' commenced with a view to incorporating Autism.
- STOMP and STAMP project work resumed.
- Trust committed to 'Weigh to Go' project.
- Diamond Standards launched October 2021.
- The proposed Quality Account priorities for 2022/23 were outlined as follows:
 - Patient Safety**
 - Reducing Infection with a focus on Gram negative blood stream Infections and management of Abnormal Results.
 - Clinical Effectiveness**
 - Identifying deterioration in pregnant women (MAU/MEOWS) and Trust-wide Day Surgery Initiative.
 - Patient Experience**
 - To ensure reasonable adjustments were made for patients with suspected or known Learning Disability and Learning Difficulty.
 - Improved services for children and young people with mental health issues.

Discussion followed, of which the key points from members and responses were:

- It was queried whether there would be capacity at a local level to deliver services for children and young people. In response it was confirmed that there would. If it was included within their pathway then it would be supported.
- It was important that improvements continued to be made for services for children and young people with mental health issues. It was confirmed that it was hoped improvements would help identify and support patients and families much earlier in their care journey.
- In response to a query from Healthwatch, it was confirmed that diagnostic pressures (radiology and endoscopy) remained the biggest challenge, but a number of actions had been identified to try to reduce patient backlog.
- Healthwatch stressed the need to continue to deliver local engagement as the Trust were responsible for patients within Northumberland not just Newcastle.

The Chair thanked officers from the Trust for presenting their Quality Account to the Committee.

RESOLVED that the information be noted, and a formal response be sent to the Trust following the meeting.

78. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year.

RESOLVED that the work programme be noted.

79. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Tuesday, 31 May 2022 at 1:00 p.m.

CHAIR _____

DATE _____

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At the Annual Meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 31 May 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.	Humphrey, C.
Chicken, E.	Hunter, I.
Dodd, R.R	Nisbet, K.
Hardy, C.	Wilczek, R.
Hill, G.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N	Director of Adult Social Services
Lamb, S.	Harrogate District Foundation Trust
Morgan, L	Interim Executive Director for Public Health and Community Services
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adults' Wellbeing
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance

1. MEMBERSHIP AND TERMS OF REFERENCE

The committee was asked to note the following membership and terms of reference for the Health and Wellbeing Overview and Scrutiny Committee which were agreed by Council on 4 May 2022.

10 Members (5:3:1 Ind Gp, 1 LD)

Quorum 3

Chair: V. Jones

Vice Chair: K. Nisbet

Conservative	Labour	Independent Group	Liberal Democrats	Green Party	Ind Non-Grouped
E. Chicken	L. Bowman	G. Hill	I. Hunter		
R. Dodd	K. Nisbet				
C. Hardy	R. Wilczek				
C. Humphrey					
V. Jones					

Terms of reference:

- (1) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (2) To discharge the functions conferred by the Local Government Act 2000 of reviewing and scrutinising matters relating to the planning, provision and operation of health services in Northumberland.
- (3) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (4) To act as a consultee as required by the relevant regulations in respect of those matters on which local NHS bodies must consult the Committee.
- (5) To 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

RESOLVED that that the membership and terms of reference of the Health and Wellbeing Overview and Scrutiny Committee for the ensuing year be noted.

2. MINUTES

RESOLVED that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 5 April 2022, as circulated, to be confirmed as a true record and signed by the Chair.

3. PRIMARY CARE APPLICATIONS WORKING GROUP

The Health and Wellbeing Overview and Scrutiny Committee was asked to confirm the membership and terms of reference of the Primary Care Applications Working Group, which comprised four members including the Chair and Vice-chair of the Health and Wellbeing Overview Scrutiny Committee, plus two other members. The current membership was Councillors K. Nisbet (Chair), V. Jones, L. Bowman and I. Hunter.

Also, to note the monitoring report of the Primary Care Applications Working Group. (A copy of the monitoring report has been filed with the signed minutes).

RESOLVED that:

- (a) the terms of reference of the Primary Care Applications Working Group for the ensuing Council Year be noted;
- (b) the membership of the Primary Care Applications Working Group be agreed as Councillors K. Nisbet (Chair), V. Jones, L. Bowman and I. Hunter for the ensuing year, and
- (c) the monitoring report of the Primary Care Applications Working Group be noted.

4. FORWARD PLAN

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

5. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES

Progress report on 0-19 Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust

S. Lamb, Head of Safeguarding and Head of Nursing Community and Children's Directorate at Harrogate District Foundation Trust and Liz Morgan, Interim Executive Director for Public Health and Community Services introduced the report which sought to update members on the delivery of 0-19 Public Health Service through the Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust (HDFT). (A copy of the report has been filed with the signed minutes).

S Lamb highlighted the main points of the report for members.

It was noted that in August 2021, OSC members were invited to comment on a consultation about a proposed partnership between the Council and HDFT, under which HDFT would deliver health visiting (0-5 services) and school

nursing (5-19) services on behalf of the council. The ensuing Section 75 Partnership Agreement between HDFT and Northumberland County Council commenced on 1st October 2021 at which point over 170 clinical and non-clinical staff successfully transferred from Northumbria Trust to HDFT.

Governance for the partnership arrangement was delivered through the Healthy Families Partnership Board (HFPB) which was officer led and co-chaired by the Executive Director of Adult Social Care and Children's Services and the Interim Executive Director of Public Health and Community Services. The Board focused on both issues and opportunities around delivery and longer-term strategic aspirations for CYP integration.

It was reported that the transfer of the service had not appeared to have resulted in any significant dips in service outputs, outcomes and performance and was closely managed through HDFT internal reporting processes and regular operational meetings between HDFT and NCC staff.

There was a shared appetite to become a beacon of good practice for CYP integration and an acceptance that this needed to be underpinned by a shared culture and understanding about what integration was. This would require some organisational and system development and the HFPB were keen to include external evaluation as part of the process to add to the evidence based in this area.

Discussion followed, of which the key points from members and responses were:

- The report was welcomed but as the partnership agreement only began in October 2021 it was felt that there was little for members to scrutinise.
- Confirmation that an audit of safeguarding within the 5-19 service had been undertaken by HDFT and the results had been shared with the 0-19 Team and NCC. The audit described current practice within the school nursing service and provided evidence for safeguarding transformation. The audit identified that school nurses were completing health reports for safeguarding meetings but there was an opportunity to change current practice to better support children, young people and their families. The future model for safeguarding was in development and would focus on a disaggregated approach. Within a disaggregated model, a small number of school nurses would be responsible for safeguarding, becoming highly proficient and acting as a resource for colleagues. The future safeguarding model would ensure that school nursing interventions demonstrated a positive impact on outcomes for children and young people. It was reported that school nursing staff would be involved through consultation and have the opportunity to express an interest in roles within the school nursing safeguarding team. It was advised that a copy of the audit, which had been considered at a recent Safeguarding Board meeting, could be made available to those wanting to view it.
- Had there been any negative feedback/complaints received from service users or staff. In response, it was stated that there had not been many complaints. Initial concern had soon disappeared once service users understood that

although it would be Harrogate, services would be carried out by the same team. Staff had also been very willing to embrace this change.

- It was confirmed that HDFT had well-established, mature systems for monitoring and managing performance through a Quality and Performance Framework, which included key Performance Indicator (KPI) tracking, audits, surveys, service user experience and complaints. Northumberland previously had not used any social media so a website, social media and an App were currently being created. The Service User Experience Group would also produce reports and help form a qualitative element to any quality framework. All staff in Northumberland have received training on the Trust values and behaviours. All managers and staff received training on the Quality and Performance Management process, and this was now embedded into practice. S. Lamb agreed that any issues raised by Healthwatch could be forwarded to her in the first instance until embedded reporting structures were in place.
- Clarification as to how the 0-19 Healthy Families Partnership Board and the Health and Wellbeing Board would link up. It was confirmed that the 0-19 Healthy Families Partnership Board would feed into the Strategic Children and Young People Partnership Board which in turn fed into the Health and Wellbeing Board. However, there was currently a review of service pathways being undertaken.
- It was confirmed that recruitment of staff was an issue both in Northumberland and nationally. The 0-19 Team transferred over with several vacancies, particularly in qualified health visitors and school nurses. Recruitment had taken place into some posts and the number of vacancies had not increased significantly. The Directorate did have a workforce group with an action plan to improve both recruitment and retention. This included the use of social media to promote vacancies at HDFT as a good place to work and a focus on staff health and wellbeing with an active emotional health offer.

The Chair thanked officers for attending the meeting.

RESOLVED that:

- (a) the contents of this report, be considered, and
- (b) and comments on the delivery of 0-19 Public Health Services to children and young people in Northumberland and outcomes being achieved be noted.

6. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF FINANCE AND THE INTERIM DIRECTOR OF ADULT SOCIAL SERVICES

Financial implications of the end of the partnership with Northumbria Healthcare

Members received a report on the implications for the Council of the ending of the Council's partnership arrangement with Northumbria Healthcare NHS Foundation Trust ("Northumbria"), as requested by the Committee at its meeting on 2 August 2021. (A copy of the report has been filed with the signed minutes).

N. Bradley, Director of Adult Social Services highlighted the main points of the report for members which provided an update on the ending of the Partnership Agreement with Northumbria Healthcare Trust (NHCT) and particularly the net cost position to Northumberland County Council (NCC) from that process. The Partnership formally came to an end on 30 September 2021 following the Trust serving notice in March 2021.

It was reported that whilst there may have been significant disruption and uncertainty for Adult Social Care staff during the process, it was now clear that the changes had broadly been welcomed by most staff who appreciate the greater clarity they now had in terms of who they reported to and the greater simplicity of the organisational structure of Adult Care. It should be recognised that a significant contributing factor to getting this process successfully over the line and providing reassurance to staff was the efforts of, particularly, the Council's HR, IT and Finance teams who provided invaluable support to the process. Others who deserve a special mention included the Council's Health and Safety team and Property Services, who both had key roles to play.

It was advised that already, the structural changes were producing some positive changes within the service.

Discussion followed, of which the key points from members and responses were:

- The termination of the agreement was a consequence of decisions taken by Northumbria Healthcare, rather than of Council policy decisions. It was hoped that lessons could be learnt from this for any future partnership work with others.
- It is the case that the changes are likely to make it easier for the Council to develop more closer integrated arrangements with primary care and NHS mental health and learning disability services.
- A query regarding the recently issued Section 114 and 114a report and whether there would be any implications for the Trust. The Director of Adult Social Services advised that it was his understanding that generally an acute Trust has greater freedom than that of a local authority when it comes to commercial activities, but he could not comment any further on the report.
- It was noted that 2022-23 budget approved at Council on 23 February 2022 included growth for the recurrent costs of the ending of the Partnership Agreement, with the pension costs based on the assumptions which had now been confirmed.

The Chair thanked the Director of Adult Social Services for the comprehensive report.

RESOLVED that the report be noted.

7. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

Integration of adult social care with NHS community-based services

The report updated the Committee on changes being made to frontline adult social care services to integrate them more closely with key community-based NHS services. (A copy of the report has been filed with the signed minutes).

N. Bradley, Director of Adult Social Services highlighted the main points of the report for members.

It was stated that at the beginning of April, the front-line staff responsible for the core adult social care statutory functions of needs assessment and care and support planning moved into new teams designed to align more closely with the key NHS services that supported people in the community with disabling long-term health conditions. This was the delayed first stage of the implementation of a programme of changes agreed following consultations with staff in 2019. The aim of the changes was to address concerns that adult social care services had become too fragmented, and less closely integrated than they should be with key NHS community services.

It was reported that it had been agreed to move towards an arrangement in which frontline professionals would be responsible for assessing people's needs and arranging support would be grouped together into two kinds of team, each aligned with the most significant NHS professionals in the community:

- a) Care and support teams, closely aligned with primary healthcare, and with the community health services which were also aligned with primary healthcare.
- b) Specialist teams, closely aligned with the specialist services in the community operated by CNTW, which include community mental health services, specialist learning disability services, and a number of other specialist services linked to specific kinds of need, such as traumatic head injury or dependence on alcohol or drugs.

It was noted that 14 local "care and support teams" had now been established, closely linked to GP practices and the six "primary care networks" which coordinated primary care across wider areas of the County. These teams were being aligned with community mental health services operated by the Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust, and would work with people whose main source of NHS support in the community was expected to be CNTW's services.

Discussion followed, of which the key points from members and responses were:

- Confirmation that the Council did have a single point of access for adult social care which was OneCall. There was also Northumberland Communities Together which launched in response to the pandemic. It continued to ensure residents were kept safe and well, and provided coordination to support individual volunteers, voluntary groups and communities across our county.
- A member felt that OneCall was not widely publicised and asked if this could be looked at.
- Healthwatch commented on a feeling of confusion felt by some members of the public due to the number of new structures in place and asked how they

could help people understand the changes. It was envisaged that Healthwatch would have a role to play in reviewing services once they were bedded in.

- It was confirmed that the success of integration of adult social care with NHS community-based services would be through surveys, feedback from service users, GPs, Primary Care and any complaints received. It was envisaged that Healthwatch again would have a role to play in this.

The Chair thanked the Director of Adult Social Services for the comprehensive report.

RESOLVED that the report be noted.

8. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

A member commented on recent press articles regarding allegations that NEAS covered up evidence about deaths linked to mistakes made by paramedics. Government had agreed to investigate the claims, but it was queried if there was a role for the Health and Wellbeing Board OSC. The Scrutiny Officer confirmed he would keep members informed of developments.

RESOLVED that the work programme be noted.

9. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____

Forward Plan

FORTHCOMING CABINET DECISIONS JULY TO OCTOBER 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p>Advance Northumberland Reserved Matters Approval The report requests Cabinet approval to courses of action that are matters reserved to Northumberland County Council as Shareholder under the Articles of Association of its wholly-owned group company Advance Northumberland Ltd and its subsidiaries (“Advance”). (R. Wearmouth/ W. Thompson – 07929836782)</p>		12 July 2022
<p>Blyth Welding & Fabrication Inflationary Pressure Funding To recommend to Cabinet that additional funds are drawn from the Strategic Regeneration Reserve to supplement the allocated funding from the Medium Term Financial Plan for provision of a technical welding & fabrication training centre in the Blyth area. (G. Renner Thompson/N. Dorward- 07811 020 806)</p>		12 July 2022
<p>Homes for Ukraine – Finance The report provides an overview for Cabinet of the Homes for Ukraine Scheme, and requests approval to spend in advance of payment being received from Government to support the delivery of the required Local Authority commitments.</p>		12 July 2022

(C. Horncastle/ Philip Soderquest 07824 457 376)		
<p>Recommissioning of an Integrated Sexual Health Service To seek permission from Cabinet to commission an Integrated Sexual Health Service, which is a statutory obligation. The contract will be greater than £2m, therefore there is the need to ask Cabinet to delegate the expenditure to the Director of Public Health.</p> <p>(W. Pattison/J. Liddell - 07929 775559)</p>	FACS 5 July 2022	12 July 2022
<p>Haydon Parish Neighbourhood Plan To seek approval to formally 'make' the Haydon Parish Neighbourhood Plan. The Plan passed independent examination in March 2022. A local referendum will be held in the Parish of Haydon on 30 June 2022 and it is expected that there will be a majority vote in favour of using the Plan to make decisions on planning applications. The Council will then be obliged by statute to make the Neighbourhood Plan unless it considers that doing so would breach European Union obligations, and that action should be completed within 8 weeks of the date of the referendum.</p> <p>(C. Horncastle/S. Brannigan 07966 335 508)</p>	N/A	13 September 2022
<p>Trading Companies' Financial Performance 2022-23 - Position at the end of June 2022 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2022-23</p> <p>(R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)</p>	CSEG 12 September 2022	13 September 2022

This page is intentionally left blank

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 12 May 2022 at 10.00 a.m.

PRESENT

Graham Syers
(Vice-Chair, in the Chair)

BOARD MEMBERS

Boyack, J.	Sanderson, H.G.H.
Brown, S.	Wardlaw, C.
Lothian, J.	Watson, J.
Morgan, E.	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
A. Everden	Public Health Team Pharmacy Advisor

60. MEMBERSHIP AND TERMS OF REFERENCE

It was noted that the Council meeting on 4 May 2022 had agreed that Councillor Paul Ezhilchelvan be elected Chair of the Health & Wellbeing Board. The terms of reference had also been revised to include a representative from the Harrogate & District NHS Foundation Trust.

The revised membership and terms of reference were noted.

61. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors P. Ezhilchelvan, W. Pattison, G. Renner-Thompson, E. Simpson, and N. Bradley, R. O'Farrell, P. Mead, G. Reiter, and P. Travers.

62. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 10 March 2022, as circulated, be confirmed as a true record and signed by the Chair with the following addition:

Child Death Overview Panel Annual Report

It was noted that the report attributed the number of deaths to the place of death rather than the place of parental residency and that this could skew the data. Siobhan Brown agreed to pick this up.

63. LIVING WITH COVID

Members received a verbal update from Liz Morgan, Interim Executive Director for Public Health and Community Services.

Liz Morgan highlighted the following key areas:-

- The ONS Survey provided retrospective weekly data. For the week ending 30 April 2022, the prevalence was estimated to be 1:25 from a figure of 1:35 previously. This equated to a drop from 2.4 million cases to 1.5 million. These were still high numbers, however.
- The case numbers in the North East were higher than in other regions at 1:30.
- Prevalence in primary school age children was 1:66 and 1:29 in the over 70s. These were improving figures and reflected in other areas.
- Patients being admitted to hospital who also had Covid were also reducing along with the number of staff absences.
- There was still some pressure on schools due to staffing shortages.

The following comments were made:-

- The vaccination programme had been hugely successful, however, the uptake of the spring booster vaccination was not as high as would be liked. There were regional variations in vaccine supplies and the regional vaccination centre was working hard to ensure that supplies got to the right places at the right time. It was planned to focus on care home residents as a priority.
- There was confusion amongst the public and parents who had been contacted by the NHS to say that they were eligible for a booster but were waiting to hear from their GPs. This was a cause of poor take-up of the vaccine. The issue of the lack of supply had been escalated. It was stressed that there was no connection between the NHS letter and the delivery of the vaccine and this was difficult to explain to the public.

RESOLVED that the verbal update be received.

64. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

Members received the draft Pharmacy Needs Assessment (PNA) prior to it going out to formal consultation. The report was presented by Anne Everden, Public Health Team Pharmacy Advisor.

Anne Everden made the following key points:-

- The Steering Committee was thanked for its help and support in producing the draft report.
- Healthwatch had assisted by carrying out a consultation in the areas where pharmacies had closed, such as Alnwick, Hexham and Bedlington Station. Healthwatch's findings would be fed into the final document
- Issues had been raised in Alnwick where a pharmacy did not have a pharmacist available during the lunch hour. This led to problems for patients who may be restricted by bus times or their own working hours.
- The public consultation would begin on Monday, 16 May 2022 and run for 60 days. The results of the public consultation would be reported on and it was intended that the final report would be submitted to the September meeting of the Health & Wellbeing Board. The PNA must be finally signed off by the end of September 2022.
- One potentially contentious area was the that an additional pharmacy in Cramlington was not being supported. In order for provision of an additional pharmacy to be agreed, there needed to have been an additional 10,000 built and this was not the case in Cramlington. NHS England would not support such a request and would consider that there was already a sufficient service during working hours and an additional pharmacy would lead to over supply.

The following comments were made:-

- Healthwatch had received 267 responses to its survey which was encouraging and sufficiently broad to make its conclusions worthwhile.
- The Steering Group had considered the increasing range of services offered by pharmacies but its principle focus was to deliver the PNA within the required timeframe. It had recognised that future work should be done on a communications exercise about the range of services available from community pharmacies and to encourage the public to use them to relieve pressure on GPs and Emergency Departments. It was hoped that this work could be carried out and input from the Local Pharmaceutical Committee would be welcomed.
- The merger of two pharmacies in Alnwick had been agreed on the basis that a good service would be retained in the town and that there should always be two pharmacists on site. If this was not the case, then it would have to be considered again by the Committee.
- In general, patient expectations were difficult to manage, and it was important that comms were improved to get it across to patients particularly in rural areas, that there may not always be a pharmacist on duty.
- Some pharmacies were open 100 hours per week and these were located in Hexham, Berwick, Blyth, Ashington and Cramlington. Those located within supermarkets could only be available for six hours on a Sunday and so opened early on other days to make up the time. Two of

Northumberland's 100hr pharmacies were not located in supermarkets and remained open until 8 pm.

- There was a shortage of pharmacists in community pharmacies as many chose to work within GP surgeries.
- It was suggested that Northumberland County Council liaise with the Local Pharmaceutical Committee to produce information to send out to the public.

RESOLVED that

- (1) the draft plan be approved for progression to formal consultation
- (2) comms be produced in liaison with the Local Pharmaceutical Committee regarding pharmacy opening arrangements and pharmacist availability.

65. NORTHUMBERLAND ORAL HEALTH STRATEGY UPDATE

Members received a report updating them on progress against the Northumberland Oral Health Strategy 2019-22 and considered an extension to the strategy period. Liz Morgan, Interim Executive Director for Public Health and Community Services, presented the report.

The Strategy and Action Plan for 2019-22 outlined key priority areas for action for improving oral health and reducing inequalities, following a comprehensive oral health needs assessment in 2017. The Health & Wellbeing Board in March 2019 had agreed fourteen recommendations and areas for action under four priority themes.

- Giving every child the best start in life and best opportunities for oral health.
- Improving the oral health of old people.
- Service development and commissioning.
- Partnership working.

Activity on the Action Plan had been delayed by the COVID-19 pandemic, but the Strategy Group had met in 2020 and prioritised what could be delivered within the various frameworks of restrictions. Achievements included the ongoing distribution of toothbrushes and toothpaste to those in need, improved training and use of remote meetings allowing attendance by dental colleagues without them having to leave their practices.

The proposals in the Health and Care Bill included a move in the responsibility for initiating and varying schemes for fluoridation from Local Authorities to the Secretary of State. Northumberland was keen to be at the forefront of any early discussions about fluoridation

It was hoped to extend the strategy until 2025.

A number of comments were made:-

Ch.'s Initials.....

Health & Wellbeing Board, 10 May 2022

- It had been reported that toothbrushes and toothpaste were a luxury for some families, and it was suggested that supplies of these be sent to foodbanks if this was not already being done.
- Although the Secretary of State would have responsibility for any variation to the fluoridation scheme, the County Council would still have to support a consultation process. The consultation process would be restricted to those who would be affected by any variation.
- Healthwatch was aware that dentistry and oral health was a very significant issue, particularly regarding inequalities and access to dentists. There were issues with the contract, the contract contents and how much dentists were being paid. It may be that there would be a shift in responsibility for dental care within the ICS development.
- The Administration supported fluoridation as part of its key theme of addressing inequalities

RESOLVED that

- (1) the report be received.
- (2) the impact on dental and oral health action and delivery caused by the COVID-19 pandemic be acknowledged.
- (3) the extension to the strategy period from 2022/25 be approved

66 POPULATION HEALTH MANAGEMENT – QUARTERLY UPDATE

Members received an overview of the progress to date to address health inequalities in Northumberland and to set out intentions for 2022/23. Presentation by Siobhan Brown, Northumberland CCG.

The presentation raised the following key areas:-

- This area needed to be considered when looking at the future work of the Health & Wellbeing Board, the development of Integrated Care Systems and the Inequalities agenda. Population Health Management strongly related to people and communities.
- Key questions included
 - What communities could do for themselves?
 - What communities needed help with?
 - What communities needed outside agencies to do for them?
- Details of a case study were provided about an individual with multiple issues including mental health and social factors and the interventions to identify and address these issues thereby preventing them from becoming irreversible.
- The involvement of the voluntary sector was very important and better ways to work with the sector should be sought.

- The whole of health care needed to embrace different ways of working. There were seven Primary Care Networks based around communities. Each had analysed data and spoken to local people to learn what mattered for that community and had chosen topics such as best start in life, self harm, admissions to emergency settings which were avoidable etc. Funding had been provided to enable these areas to be looked at.
- It was important to translate all of the talk about inequalities into action to ensure that an impact was made.
- Section 256 arrangement was in place between the CCG and the County Council to facilitate the funding of work needed around inequalities. The aim now was to get out in the community, find out what mattered to them and then to make it happen.
- Work was already underway involving a number of organisations and it was clear to see the seeds of strong action in place.

The report and presentation were welcomed by Members and a number of comments were made:-

- This work was much appreciated by the voluntary sector along with the proposal to work closely with the sector. The voluntary sector was well placed to help identify the needs of the local community and how best to respond to them.
- It was important to ensure that the work done was complementary and not duplicating work done by other organisations.
- It should be recognised how much external funding was brought into the system by the voluntary sector and could be used for low level support work within communities.
- It was hoped that the Integrated Care Board would already have allocated funding for the inequalities agenda

RESOLVED that the report be received.

67. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan. It was reported that the Chair and Vice-Chair would discuss the revision of the current Terms of Reference and consider the membership and how this enabled the Health & Wellbeing Board to function.

RESOLVED that the Forward Plan be noted.

68. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 June 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____

This page is intentionally left blank



Northumberland County Council

COMMITTEE HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

DATE: 5 JULY 2022

TITLE OF REPORT DELIVERING ON THE EXTRA CARE AND SUPPORTED HOUSING STRATEGY

Report of Director of Adult Social Services

Cabinet Member: Councillor Wendy Pattison, Adults' Wellbeing

Purpose of report

To update Members on the delivery against the Extra Care and Supported Housing Strategy to date.

Recommendations

Overview and Scrutiny Committee is asked to note the progress to date and future plans.

Link to Corporate Plan

This report is relevant to the "Living", "Enjoying" and "Connecting" priorities in the Corporate Plan.

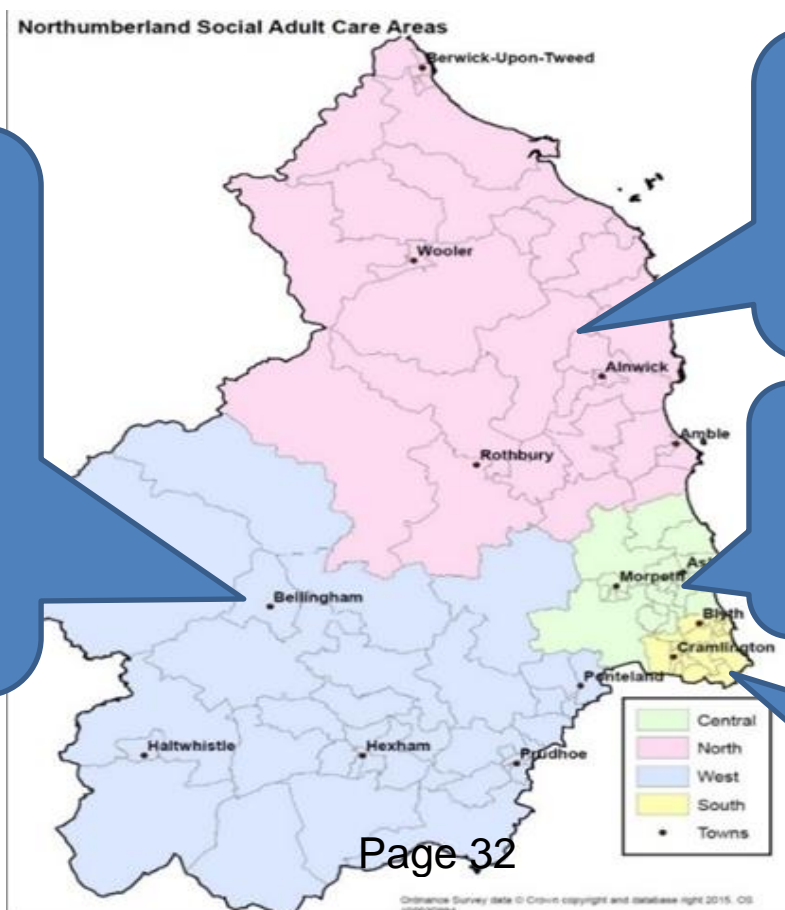
Key issues

1. Following the adoption of the Extra Care and Supported Housing Strategy in July 2018 the Targeted Accommodation Programme Board was established to oversee delivery of Supported Housing projects
2. Since 2018 work has been undertaken to build, purchase, remodel or commission 39 Independent Supported Living projects, predominantly for adults with Learning Disabilities and/or Mental Health conditions. Additionally, one large project for older people has been completed which was positively received and was oversubscribed by prospective tenants. These schemes offer an additional 277 units of accommodation.
3. There are now 750 units of independent supported accommodation in Northumberland, however, there is still an undersupply and the long-term impact of the pandemic on the care home sector could potentially increase demand.
4. Developments for older people have proved difficult to progress due to site availability and cost. It is anticipated demand for independent supported accommodation for older people will increase and this is an area of focus for Adults Social Care going forward. There remains a market of providers who are keen to progress this type of accommodation.

5. There is a programme of projects that are in various stages of the development process that, if completed, will offer an additional 227 units of supported accommodation. Four of the schemes are due to complete this year.
6. Developments included in the programme were severely impacted the pandemic, with many schemes being paused, some being mothballed, and some being cancelled.
7. While some of the projects are progressing again, all development projects are being impacted by the global rise in the cost of raw materials and the nationwide increase in labour costs, which has rendered some schemes unviable.
8. No Council capital investment has been required in any of the schemes delivered to date, investment has been from Government, social or private sources and therefore the council has capital available. Adult Social Care are considering the investment of Social Care Capital Grant to progress schemes with a funding gap, where there is demonstrated need and demand and the scheme meets Council and Adult Social Care objectives.
9. A refresh of the Extra Care and Supported Housing Strategy is planned to be completed by the end of this financial year to reflect the work already completed and ascertain the priorities for the next 3 to 5 years.

Background

1. The Targeted Accommodation Programme Board was established to support the delivery of Supported Housing across the county. The Board was Chaired by the Executive Director of Adult and Children's Services, but the Chair has passed to the Director of Adult Social Services from May 2022. Representatives from Adult Social Services, Housing, Planning, Strategic Estates and Business Development sit on the Board, along with the Portfolio Holder for Adults Wellbeing, Councillor Wendy Pattison. The Board meets six weekly and Adults Social Care Officers update on progress of the developments.
2. Adult Social Care Officers have been working with partners to bring forward projects across the county. The map below shows the total number of supported housing schemes currently in existence in Northumberland.



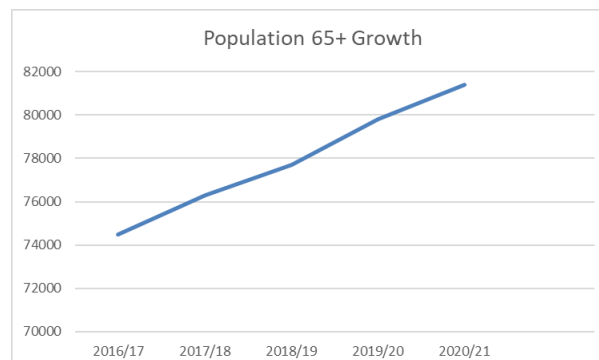
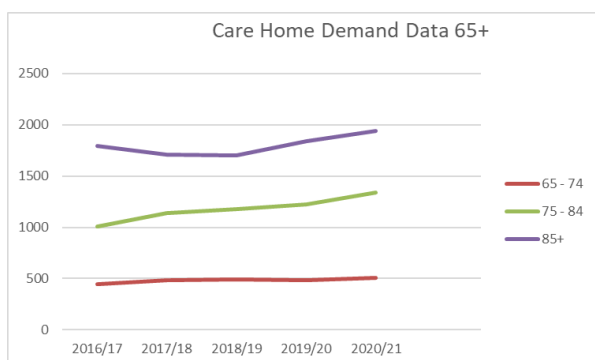
West Area – 2 Schemes for older people offering 105 units of accommodation. 1 intergenerational Scheme offering 12 units of accommodation. 63 Schemes for adults with Learning and/or Physical Disabilities, and/or Mental Health Conditions offering 160 units of accommodation

North Area – 1 Scheme for older people offering 58 units of accommodation. 12 Schemes for adults with Learning and/or physical disabilities and/or Mental Health Conditions offering 34 units of accommodation

Central Area - 59 schemes for adults with Learning and/or Physical Disabilities, and/or Mental Health Conditions offering 148 units of accommodation

South Area – 1 scheme for older people offering 60 units of accommodation. 73 Schemes offering 173 units of accommodation

3. A report on the Care Homes Market published by Laing and Buisson in 2020/21 states that market demand for care homes has been declining in real terms for the last 2 decades, at a time when the population over 65 years has increased significantly. It is clear that Covid had a significant impact on the care home sector and this could be seen in a further 8% national decline in demand. However, it is unclear what the position will be moving forward post covid. The graphs below show the population growth in people over 65 years in Northumberland over the last 5 years and demand for older persons care homes for the same period. The graphs highlight that, in common with the findings of the Laing Buisson report, in Northumberland the population over 65 years has grown significantly while demand for care homes has remained relatively flat, indicating declining demand in real terms. This trend is expected to continue.

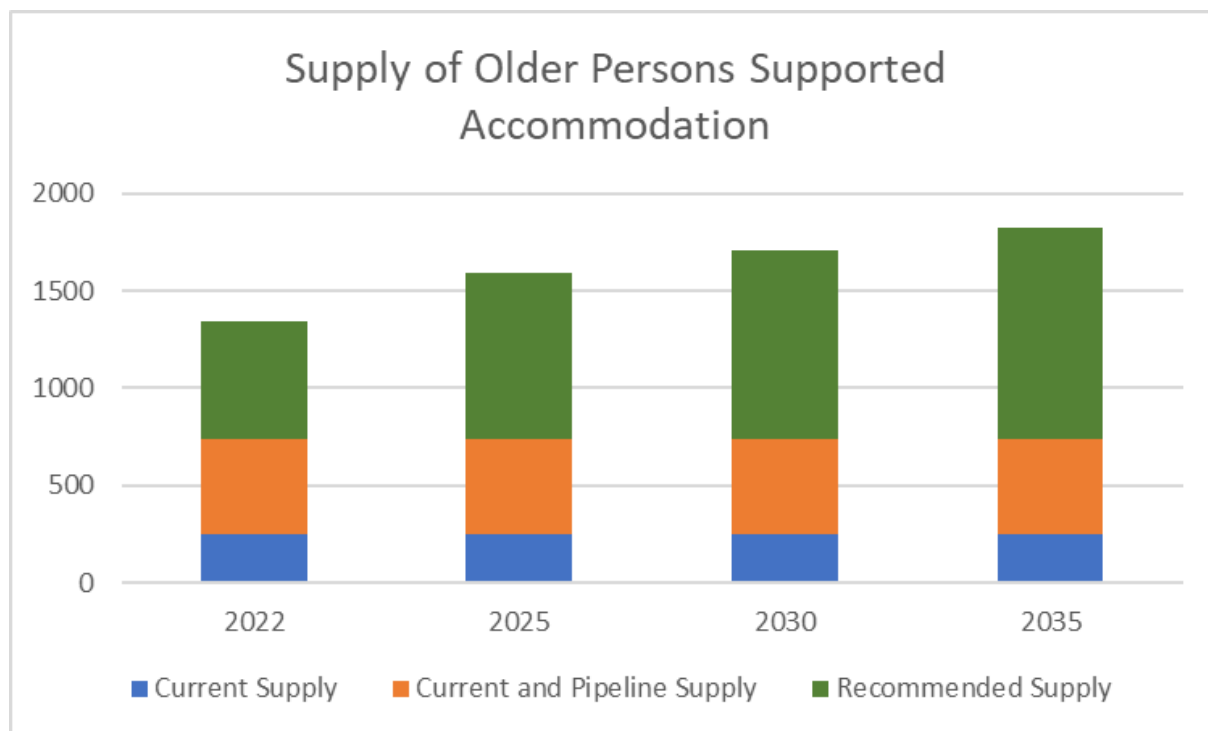


4. The Laing and Buisson report also identifies that demand for supported independent living for older people has significantly increased over the same period, in correlation with the reduction in demand for care homes and the two together almost track the increase in ageing population, suggesting substitution in the market. It continues to be Adult Social Care's view that over time an increasing proportion of older people in need of high levels of care and support are likely to prefer alternative models of accommodation with care, such as independent supported housing and a longer-term consequence of the pandemic may be to accelerate that trend.
5. Using a Housing for Older People Supply tool that had been jointly developed by the Centre for Regional Economic and Social Research at Sheffield Hallam University and the University of Sheffield, a shortfall in supply of specialist supported accommodation of 354 units for older people is identified. The tool accounts for local demographic, health and place trends and the chart in paragraph 7 shows the shortfall between current supply and the recommended supply in Northumberland. Specialist Supported accommodation includes Enhanced Sheltered and Extra Care.

Developments in Northumberland

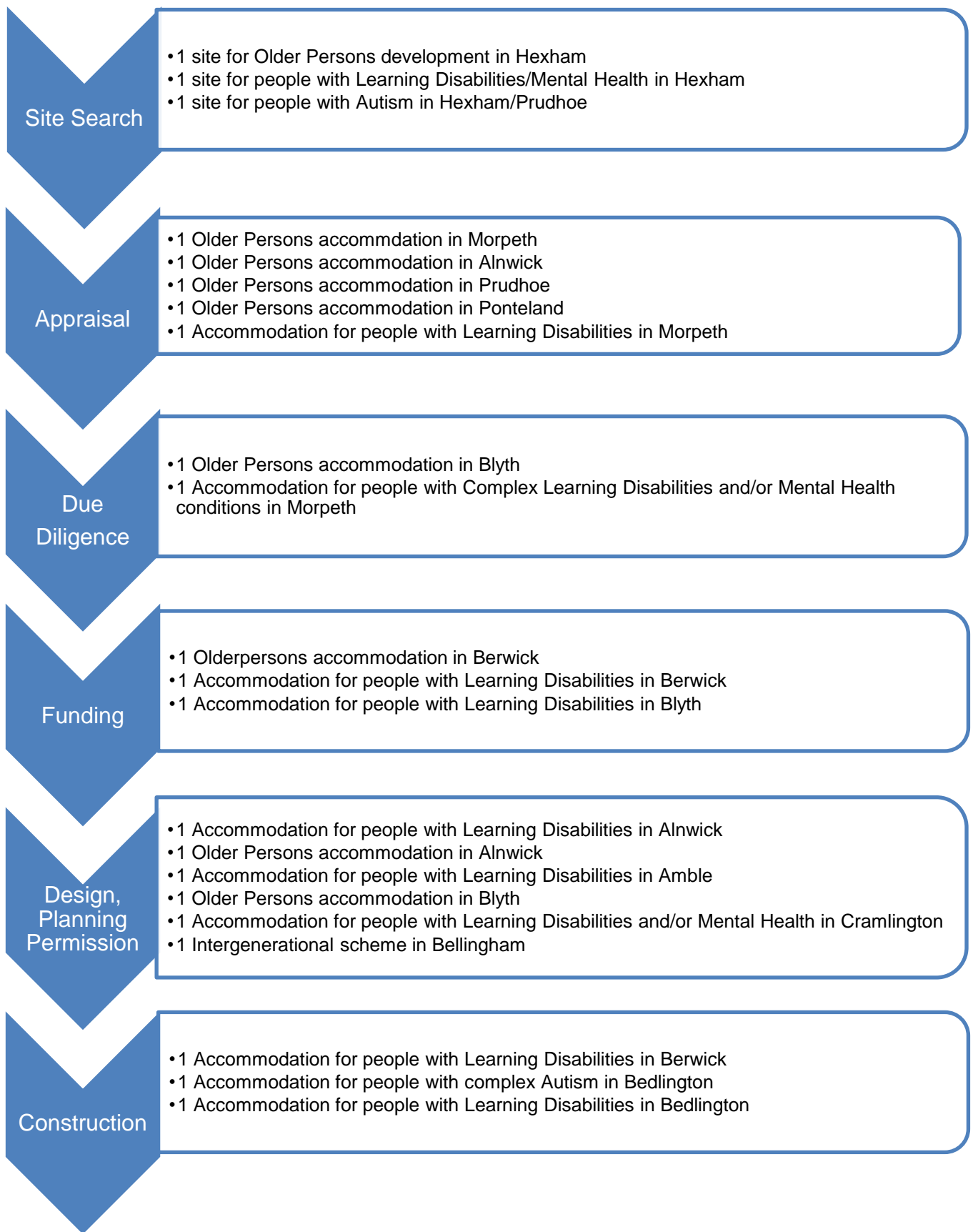
6. The older persons housing projects taking place in Northumberland have been slow in progressing and there are a number of factors leading to this including the financial viability of larger schemes for older people, issues with land availability in the right location which is challenging and land values in the locations of demand have proved prohibitive in many cases. Officers are keen that older people living in these services remain actively part of their local communities, therefore finding the right location is crucial for these developments but this does restrict options. And, then there are of course the complications around the Covid pandemic.

7. Between 2009 and 2018 Adult Social Care Officers worked with partners to successfully deliver 3 older persons Extra Care Schemes providing 118 units of accommodation, a mix of 1 and 2 bedrooms. In the intervening period since the strategy was adopted 1 project providing additional care ready accommodation for older people has been completed, delivering a mix of 60 x 2 bedroom apartments and bungalows for rent and shared ownership purchase. Using the Housing for Older People Supply tool mentioned above, the chart below shows how many units are projected to be required, which is in excess of what is currently available and planned, so there continues to be a shortfall in availability of appropriate accommodation for older people across Northumberland.



8. Delivering additional specialist accommodation for adults with learning and physical disabilities and/or mental health conditions has proved more successful. Adult Social Care Officers have worked to continue to increase capacity in specialist services for this client group. In 2018 there were 72 schemes with a capacity for 238 individuals. This has been increased to 207 schemes with capacity for 515 individuals. At the time of drafting this briefing, there are 493 adults with Learning and Physical Disabilities and mental health conditions being supported to live independently in the community in those schemes, compared to 238 in 2018, an increase of over 100%.
9. However, the Complex Housing Register, which holds information on adults with Learning and physical disabilities and/or mental health conditions who require specialist accommodation still has 83 individuals waiting for appropriate supported accommodation. This number will continue to grow as young people 16+ going through transition from Children's to Adult Services are added, along with people currently living with ageing carers who will need supported accommodation in the future.

10. The Diagram below details the projects in progress on the Targeted Accommodation pipeline and where they are in the process.



Issues in relation to current projects

11. Most construction was halted in the early days of the pandemic as the country went into lockdown. There was a period of about 6 months when all the projects on the programme paused as people were furloughed and others adapted to different ways of working. Developers reviewed plans, pushing some of the projects back in their delivery programme, some by up to 3 years.
12. Additionally, a number of factors have impacted the cost of construction. Increasing fuel and utilities costs, combined with shortage of materials due to current world events have increased the cost of raw material. The volume of construction has increased, projects that were delayed due to the pandemic are now on site and the recent adverse weather has led to an abundance of work in the construction industry. This has resulted in construction companies being in high demand and costs increasing to reflect the shortage of supply. Nationally, build costs are reportedly at least 15% higher than the same period last year, which is leading to funding gaps on some of the projects rendering the development unviable. For projects in the far North of the county costs are reportedly another 10 -20% higher again as contractors demonstrate reluctance to work that far up the country.
13. The schemes delivered to date have been developed using Government, partner and private funding sources. No Council capital has been required for any of the schemes delivered. Adult Social Care have capital funding that can be utilised to develop accommodation that supports independence and this is currently being discussed by the Targeted Accommodation Board. It is anticipated that the input of Social Care Capital should restart schemes that have stalled due to funding gaps. Partners appear to remain interested in progressing the developments if the funding issued can be removed.
14. Overall, it can be seen that there has been some success in delivering against the aims and objectives of the Extra Care and Supported Housing Strategy, but as has been described above there have been a number of issues during the period since the strategy was agreed. A refresh of the strategy is planned to be completed by the end of this financial year to review the priorities set out and identify priority areas for the next 3 to 5 years and work on the programme will actively continue whilst the refresh takes place.

Implications

Policy	This report updates on delivery of the Extra Care and Supported Housing Strategy.
Finance and value for money	It is anticipated that longer term financial efficiency could be achieved by supporting people to continue to live in community settings.
Legal	Some of the schemes may require legal input going forward to ensure agreements between the Council and housing and service providers are fit for purpose.

Procurement	Development partners are being procured for schemes that include council resources. Corporate procurement would be fully involved in any such processes.
Health and Wellbeing	The schemes provide the care and support to older people and vulnerable adults to enable them to continue to live independently in their own home.
Human Resources	None
Property	Some of the properties developed may be council owned and managed.
Equalities Equality impacts of specific proposals will be assessed as necessary during detailed planning. (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>	Equality impacts of specific proposals will be assessed as necessary during detailed planning.
Risk Assessment	Each individual project is risk assessed.
Crime & Disorder	Design of the properties takes reduction of crime and disorder and safety of the residents into consideration.
Customer Consideration	All studies and research highlight independent living as the preferred option for all adults regardless of ability or capability.
Carbon reduction	All properties are designed and constructed to meet environmental design standards.
Wards	All

Background papers:

Extra Care and Supported Housing Strategy
Market Position Statement

Report sign off.

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

	initials
Monitoring Officer/Legal	SB
Executive Director of Finance & S151 Officer	JW
Relevant Executive Director	NB
Chief Executive	RO'F
Portfolio Holder(s)	WP

Author and Contact Details

Sandra Cain – Service Development Manager – Wellbeing and Community Health

Sandra.Cain@northumberland.gov.uk

01670 623055

07717 577343

Improving Access Project Feedback Report

18 May 2022

Background

- COVID-19 > reduction in face-to-face appointments
- New digital tools introduced
- Patient and practice views not considered
- Negative media coverage and public perception
- SDF Funding and Engagement Project



Overview of research

- Explain Market Research were commissioned to design and deliver the engagement with practices and patients. The project ran between January and February and included:

2750 online and 87 paper surveys
distributed by CCG and voluntary partners

504 on-street interviews with demographically representative Northumberland residents

11 focus groups with respondents from various backgrounds

17 in-depth interviews for practices

Online survey for practices completed by 14 individuals

- Outreach surveys and focus groups delivered via the voluntary sector and Healthwatch Northumberland
- Engagement widely promoted through press releases, social media and stakeholder briefings





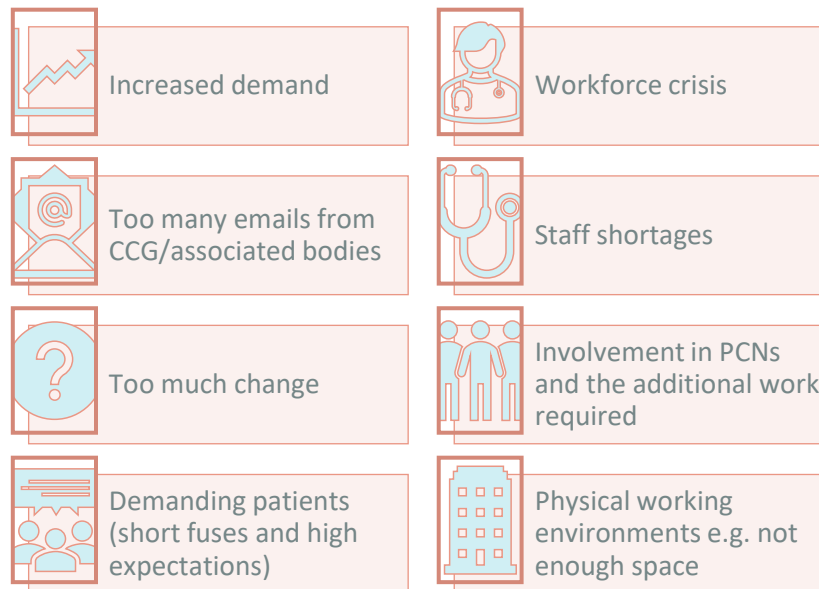
Northumberland CCG

Access to GP practices in Northumberland

May 2022

Professionals: Wellbeing

- Wellbeing was being impacted by current working pressures with descriptions of burnout and exhaustion
- This was particularly impacted by the pandemic, but other pressures highlighted were:



Professionals: Best practice

- In general, **Practice Managers** had a positive outlook on how access to appointments was currently working in their respective practices, in terms of ensuring patients were able to get an appointment when they needed one
- Other positive aspects around access were identified as follows:

Triage

- Patients getting more comfortable providing more information to the receptionist for triage

The 'return to normal' working for other health professionals

- Allowing for more signposting, easing pressure on GPs

Adoption of accuRx and a dedicated team member to monitor this

- To allow for a better understanding of patient needs prior to appointment by live messaging

A signposting tool devised by GPs within the Forum Practice

- Used to help with triage and determining when and how a patient needs to be seen

Educating patients in the availability of other practice professionals – seen as key for future

- Easing pressure on GPs and changing patient mindsets

Using different terminology for job types e.g. 'muscular-skeletal specialist' instead of Physiotherapist

- Increasing confidence in other practice professionals, easing pressure on GPs

Buddying system with other practices within the PCN

- Supports admin/reception staff with demand



Professionals: digital tools

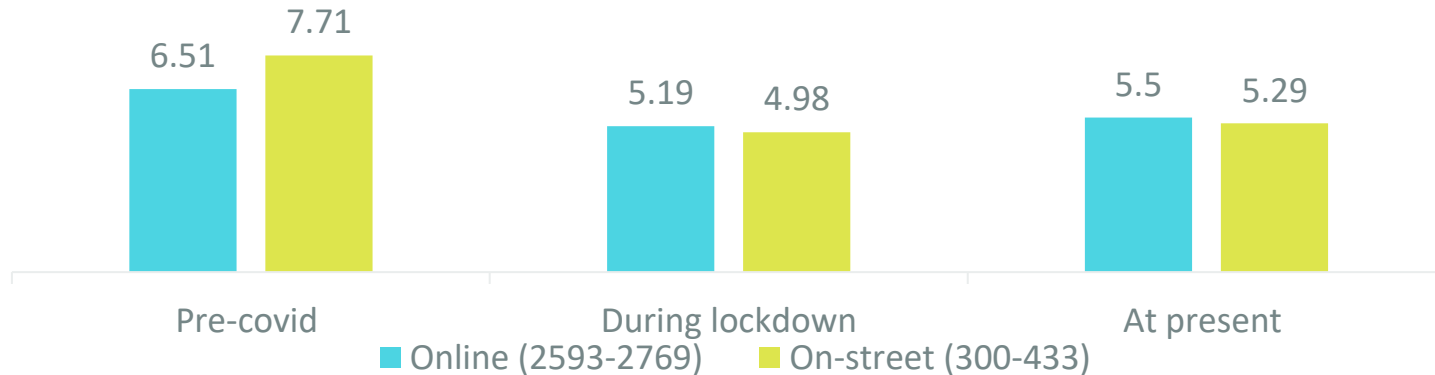
- In general, the introduction of digital tools was thought of as a **positive in terms of improving access**
- eConsult was highlighted as most useful tool
 - The ability for **nurses to pick up quickly**
 - **Reduced demand** on telephone/admin staff,
 - Ability for **quick medication reviews**.
- AccuRx also reviewed positively
 - Particularly helpful for **communicating with those who had long term health conditions** such as diabetes, or those who have had tests and can be given results through this service.
- There was felt to be an opportunity for greater use of the NHS app for booking appointments



Patients: overall satisfaction

Overall, access was felt to have declined post COVID with both the satisfaction score for online and on-street respondents showing significant room for improvement

Satisfaction with ability to get an appointment (out of 10)



Page 46

More F2F appointments
On-street (11.7%)
Online (33.3%)

Improve phone service (waiting times):
On-street (15.2%)
Online (16.1%)

Pre-bookable appointments
On-street (5.6%)
Online (8.1%)

Opening evenings and weekends
On-street (12.2%)
Online (6.5%)

End morning booking system
On-street (6.3%)
Online (6.8%)



The 8am rush caused by the morning booking system

- Patients acknowledged the ability to get an appointment on the day
- However described a “battle” for an appointment
- This 8am surge clashed with school drop offs and working hours
- Some respondents in the protected characteristics groups also raised the concern that 8am was not a suitable time for those with additional needs

Page 47

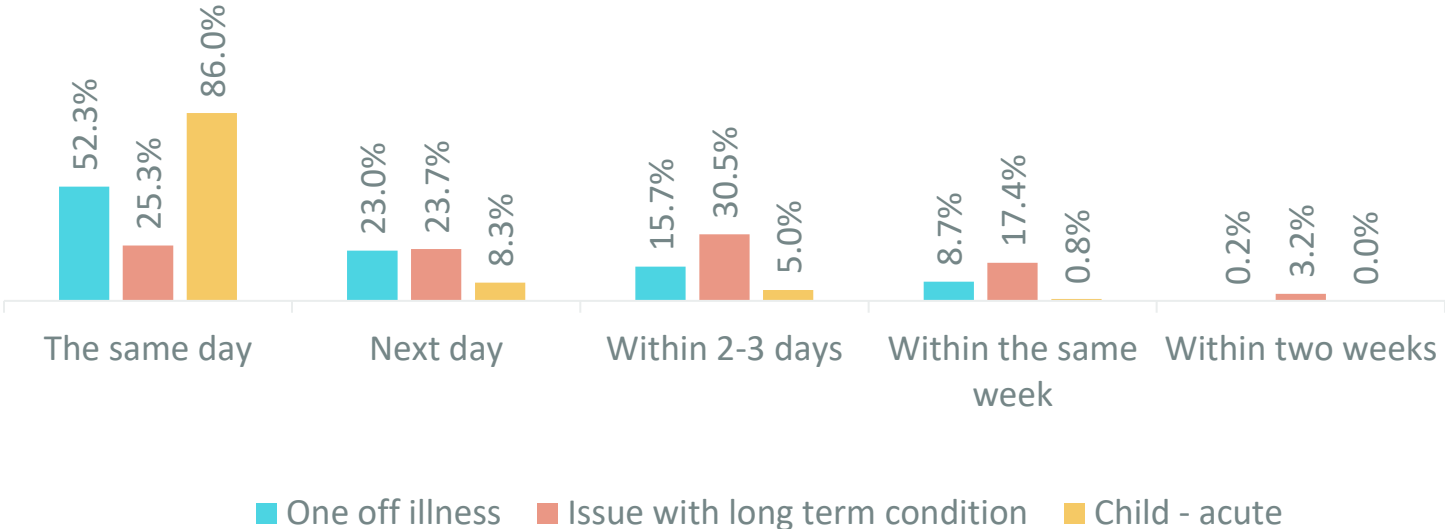


Greater availability of pre-bookable appointments

- The availability of pre-bookable appointments was a key area of improvement from the survey
- Respondents in the focus groups also discussed ‘same day’ appointments being the only way to get an appointment
- In the survey, there was a high propensity to be seen the same day for an acute issue with a child, but otherwise many were willing to wait

Page 48

How quickly would you want to be seen (on-street survey only)



Awareness raising required around booking online

- The large majority of respondents stated that they preferred to book appointments via the telephone (61% in the online survey and 64% in the on-street survey), this was particularly prevalent amongst socio-economic group E and over 65s
- Those aged 16 to 24 showed greater support for booking via an app and the focus groups also identified a general appetite for online booking among younger respondents.
- Amongst those who did have a propensity to book online, a number of barriers were identified to be addressed going forward:

The need to provide ID and complete paperwork, seen as a hassle

A lack of awareness that online booking is available

A lack of knowledge as to how to access online booking systems

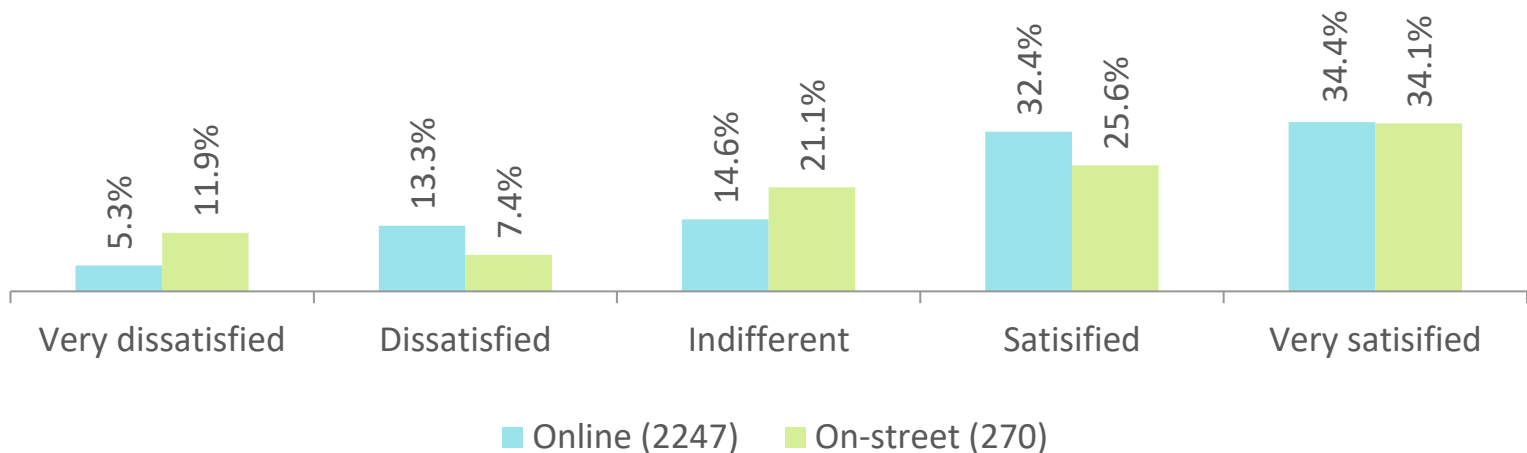


Face to face vs telephone appointments

- A key theme across the research was also the ability to have a face to face appointment
- This was particularly highlighted by respondents in older age groups, lower socio-economic groups and other protected characteristics
- However, this was not across the board any many respondents described positive experiences with telephone consultations, particularly those in the working age focus groups and parents of young children, emphasising the need for a **segmented approach**

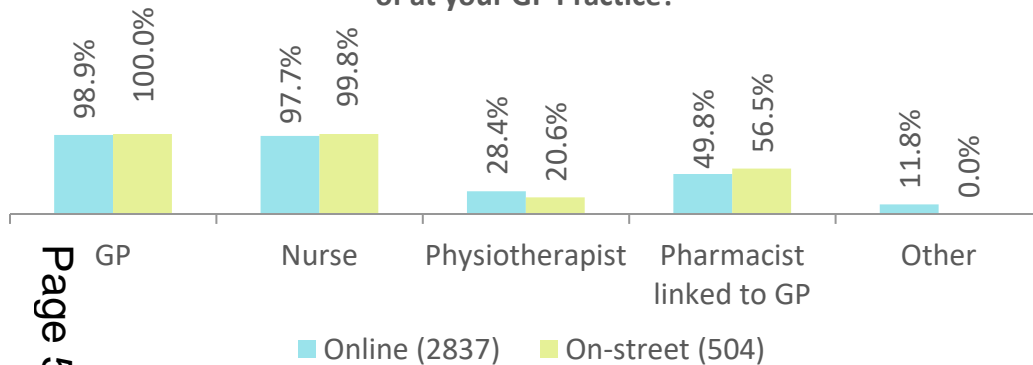
Page 50

Satisfaction with telephone consultation



Issues with awareness and confidence in the wider healthcare family

Which of the following healthcare professionals are you aware of at your GP Practice?

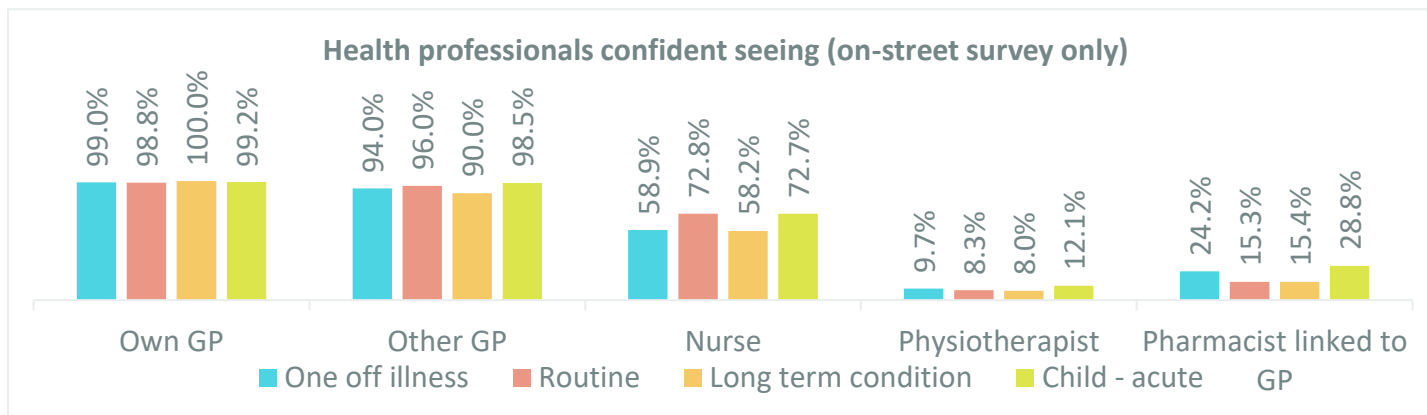


Respondents showed a lack of awareness of physiotherapists and pharmacists as well as a misunderstanding of a pharmacist's role

Page 51

There was also some variation in levels of confidence in seeing a nurse, physio and pharmacist at the practice, demonstrating the need to educate around the skills, qualifications and competencies of these important healthcare professionals

Health professionals confident seeing (on-street survey only)



Strong support for out of hours

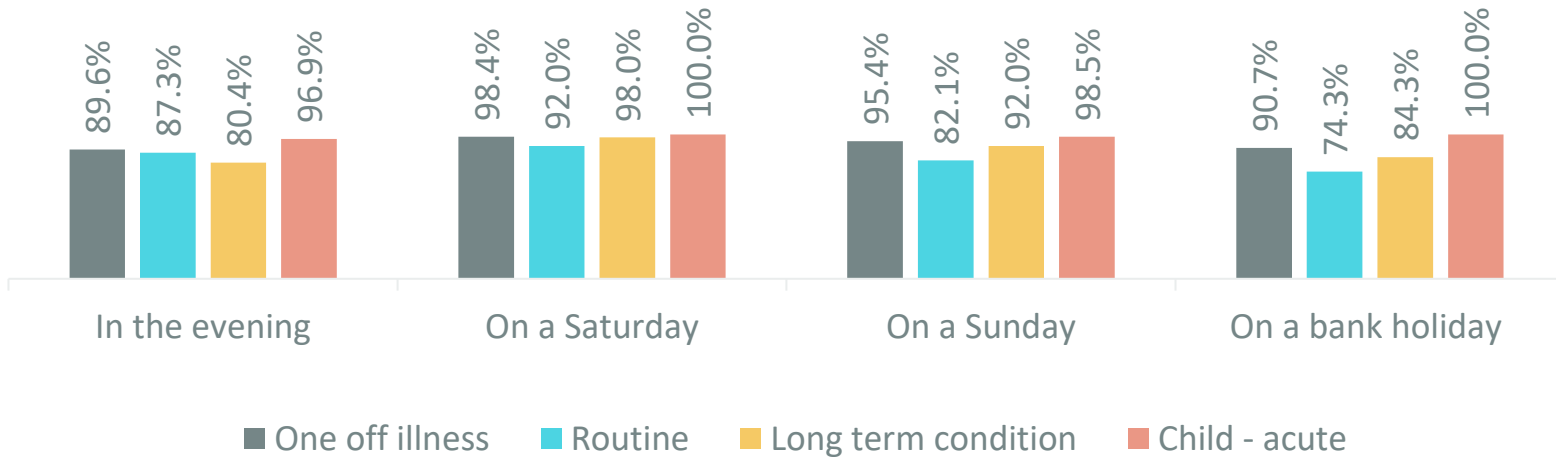
Offering appointments on evenings and at weekends was suggested unprompted in the surveys and was one of the most common themes suggested

Later in the surveys, respondents were asked whether appointments would be useful in the evening, on weekends and bank holidays in each of the four scenarios and there was high support

However there was a lack of awareness that this is being provided currently

Page 52

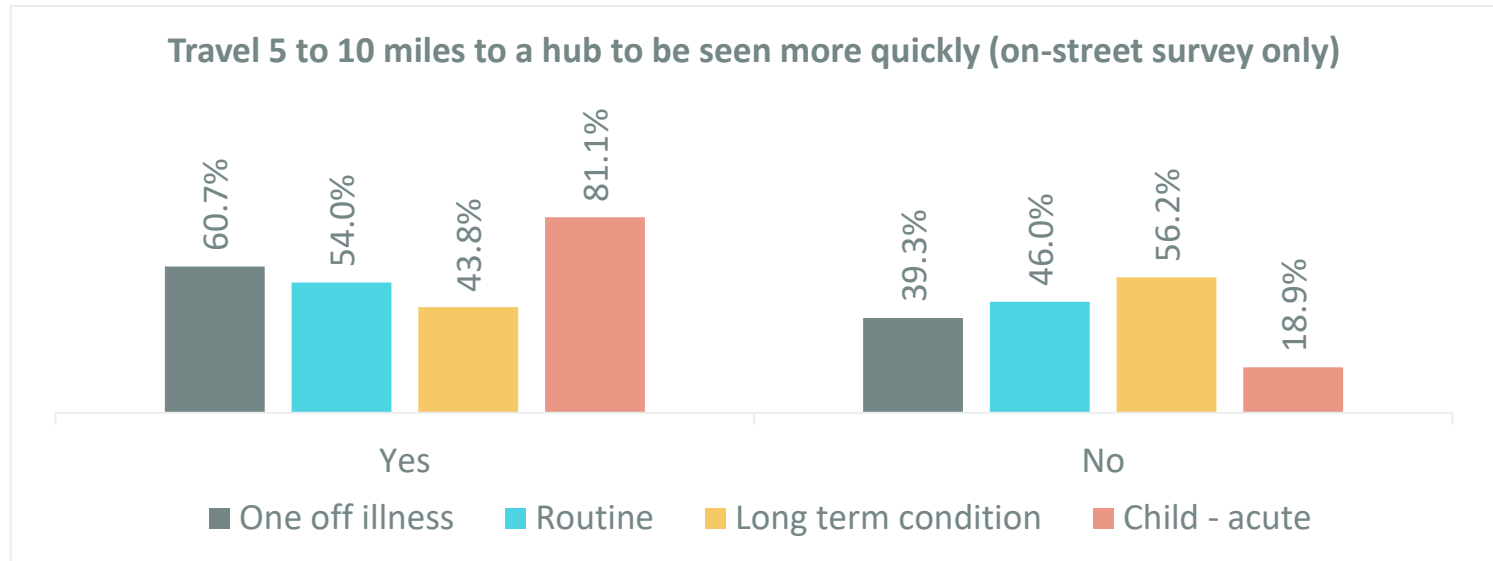
Would it be useful to be seen... (on-street survey only)



Low awareness of hubs

The majority of respondents across focus groups were not aware of Hubs demonstrating a need to raise awareness

In the survey, there was willingness to travel to be seen quicker across all four scenarios, but in particular in the case of an acute issue for a child (like an ear infection):





Explain Market Research
0191 261 5261
info@explainresearch.co.uk
@explainMR

Next Steps



Improving Access

What do we need to do?

- Reports at Network level – informing communities
- Consolidate what we heard from the survey
- Understanding the variation of access models currently in place + reflections from the survey
- Tackling the perception of general practice - balancing the impact of the media
 - Face to face and practices are open
 - Who works in General Practice
 - Appointment types – a review
 - Raising awareness of extended access
 - Strengthen the relationship between practices and their patients
 - 7 day access

Identifying improvements / alternatives - patients with additional needs

Defining the language

Wellbeing of Staff

How will we do this?

- Establish Improving Access Programme Group – Strategic and Operational
- Practices will implement 'exit reviews' to assess patient perception
- Education and engagement programme
- Agree the approach to enhance the relationship between patients and practices
- Wellbeing – CCG acknowledge what we have heard and provide a statement of feedback, use of other transformational funds i.e. retention and resilience programmes
- Roles on a wall – describing the different staff groups in practices i.e. Clinical Pharmacists, Social Prescribing Link Worker
- Review practice access models – identifying those with the elements highlighted for issue

Programme Timeline?

- July – Stakeholder feedback and next steps
- August – Agree Strategic and Operational Group Frameworks – who, when and what?
 - Terms of Ref agreed
 - Action plan developed
 - Governance agreed
- September – Wellbeing Offer for staff agreed
- October – Develop 'exit reviews' and outline the education programme
- November – Variation review of practice access models and co-design of the patient and stakeholder compact, 'Roles on a wall' poster agreed

Why are we doing this?

- Improved patient experience...whilst also educating patients
- Raise awareness of the different roles within general practice – to support demand on general practice services and staff
- Fairer and equitable services patients through the review of variation
- Improving Access isn't just a 'GP' or a Commissioner issue...it's a system issue, by working together the Northumberland community will benefit



HOW CAN A

SOCIAL PRESCRIBING LINK WORKER

HELP YOU?

Page 57

I can help you by...

- supporting with issues that are affecting your health and wellbeing.
- providing advice and support on social issues.
- linking you into local services, groups and activities.



JANE, NORTH EAST ENGLAND



HOW CAN A

PHARMACIST

HELP YOU?

I can help you by...

- giving advice and information about your health and minor ailments.
- supporting you to manage and get the best from your repeat prescriptions.
- supporting you to manage long-term conditions.



EMMA, NORTH EAST ENGLAND



Any Questions

Page 59



This page is intentionally left blank

Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2022 - 2023

Page 61

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

22 May 2022 - CA

Agenda Item 8

TERMS OF REFERENCE

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

ISSUES TO BE SCHEDULED/CONSIDERED

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

To be listed: Vaping/E-Cigarettes
Long COVID
COVID-19 (Endemic)

Themed scrutiny:
Other scrutiny:

**Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee
Work Programme 2022 - 2023**

5 July 2022

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.

Engagement report findings – GP access

Feedback from engagement work undertaken by the CCG regarding GP access in Northumberland.

6 September 2022

HealthWatch Northumberland Annual Report

Annual report from HealthWatch Northumberland.

4 October 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.

Post- COVID pathways and activity in Northumberland

A report from Primary and Secondary care bodies outlining the support and pathways available for people dealing with post COVID.

Home Care and Care Homes

A report from Northunbria Healthcare on their Home Care in Northumberland Strategy

1 November 2022

Crisis Intervention and pathways

6 December 2022		
	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 65	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

	NUTH Quality Accounts	<p>each Trust, and also agree to submit a formal response to each Trust.</p> <p>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.</p>
--	-----------------------	--

Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2022-2023

Ref	Date	Report	Decision	Outcome
1	31 May 2022	Progress Report 0- 19 S75 Partnership Agreement with Harrogate and District NHS Foundation Trust	RESOLVED that: a) the contents of this report, be considered, and b) comments on the delivery of 0-19 Public Health Services to children and young people in Northumberland and outcomes being achieved be noted.	Further update to be given at a future date.
Page 67	31 May 2022	Adult Social Care Self-Assessment following the dissolution of the Partnership with NHCT	RESOLVED that the report be noted	Further update to be given at a future date.
3	31 May 2022	Restructure of Adult Social Care	RESOLVED that the report be noted	No further action at this time.

This page is intentionally left blank