

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: 22 September 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER, COUNTY HALL, MORPETH** on **TUESDAY, 4 OCTOBER 2022** at **1.00 PM.**

Yours faithfully

Rick O'Farrell
Interim Chief Executive

To Members of the Health and Wellbeing OSC



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AGENDA

PART I

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

1. APOLOGIES FOR ABSENCE

2. 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 Registerable 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.

3. MINUTES

(Pages 1

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 6 September 2022, as circulated, to be confirmed as a true record and signed by the Chair.

- 4. FORWARD PLAN** (Pages 11 - 24)

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 25 - 32)

The minutes of the Health & Wellbeing Board held on 11 August 2022 are attached for the scrutiny of any issues considered or agreed there.
- 6. POST COVID PATHWAYS AND ACTIVITY IN NORTHUMBERLAND** (Pages 33 - 50)

To receive a presentation from Primary and Secondary care bodies outlining the support and pathways available for people dealing with post COVID.
- 7. HOME CARE AND CARE HOMES**

To receive a presentation from Northumbria Healthcare on their Home Care in Northumberland Strategy. (Presentation to follow).
- 8. COMPLAINTS ANNUAL REPORT 2021-22: ADULT SOCIAL CARE AND CONTINUING HEALTH CARE SERVICES** (Pages 51 - 84)

This 'Complaints Annual Report' report covers adult social care and the NHS responsibilities for continuing health care and related services which the Council delivers under a partnership arrangement with Northumberland Clinical Commissioning Group. The report describes what people have said about our adult social care services in Northumberland and what we have learned as a consequence during 2021/22. The report also describes what people have said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and about supporting people in their own home or in a care home.
- 9. HEALTH AND WELLBEING OSC WORK PROGRAMME** (Pages 85 - 92)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2022/23.
- 10. 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.
- 11. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for Tuesday, 1 November 2022

at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

- Declare it and give details of its nature before the matter is 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.

Table 1: Disclosable Pecuniary Interests

This table sets out the explanation of Disclosable Pecuniary Interests as set out in the [Relevant Authorities \(Disclosable Pecuniary Interests\) Regulations 2012](#).

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and Property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a

	<p>body where—</p> <p>(a) that body (to the councillor’s knowledge) has a place of business or land in the area of the council; and</p> <p>(b) either—</p> <ul style="list-style-type: none"> i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or ii. if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners has a beneficial interest exceeds one hundredth of the total issued share capital of that class.
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* ‘director’ includes a member of the committee of management of an industrial and provident society.

* ‘securities’ means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Table 2: Other Registrable Interests

<p>You have a personal interest in any business of your authority where it relates to or is likely to affect:</p> <ul style="list-style-type: none"> a) any body of which you are in general control or management and to which you are nominated or appointed by your authority b) any body <ul style="list-style-type: none"> i. exercising functions of a public nature ii. any body directed to charitable purposes or iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 6 September 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.
Hill, G.	

HEALTH AND WELLBEING BOARD MEMBERS

Blair, A.	Simpson, L.
Ezhilchelvan, P.	Watson, J.
Sanderson, H.G.H.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N.	Director of Adult Social Services
Brown, J.	Public Health Consultant
Fletcher, P.	NHS England
Marynissen, K.	Public Health Trainee
Nugent, D.	Healthwatch Northumberland
O'Neil, G.	Deputy Director of Public Health
Robson, T.	NHS England
Taylor, S.	NHS England
Todd, A.	Democratic Services Officer

1 Member of the press was also in attendance.

20. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, C. Hardy, C. Humphrey and R. Wilczek.

21. MINUTES

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

22. 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.

23. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 14 July 2022 be noted.

24. PROVISION OF DENTAL SERVICES IN NORTHUMBERLAND

Members received a presentation from P. Fletcher, S. Taylor and T. Robson from NHS England which updated the committee on the level of NHS dentist provision in Northumberland and sought assurance on the arrangements for dental access in Berwick. (A copy of the powerpoint slides have been filed with the signed minutes).

The presentation covered the following issues:

- Confirmation that there was no 'formal' registration in NHS dentistry. Patients could contact any NHS dental practice to access care.
- Dental contracts and provision were activity and demand led with the expectation that practices delivered and managed their available commissioned activity to best meet the needs of patients.
- The contract regulations set out the contract currency which was measured in units of dental activity (UDAs) that were attributable to a 'banded' course of treatment prescribed under the regulations.
- NHS England did not commission private dental services. Also, the NHS dental regulations did not prohibit the provision of private dentistry by NHS dental practices. Where this was the case practices had separate appointment books and clinical capacity assigned.
- In 2019-20 (pre-Covid) 90% of the total commissioned capacity in Northumberland was met. However, the COVID- 19 pandemic and requirement to follow strict infection prevention control guidance had significantly impacted on access to dental care over the last 2 years with demand for dental care remaining high across all NHS dental practices.
- Patients' needs were now far more urgent following the pandemic and appointment times were taking longer per patient.
- NHS England also commissioned: urgent dental care services, Community dental, Specialist orthodontic service and Domiciliary care services.

- There were 39 NHS dental contracts in Northumberland however Corbridge Dental Practice and Castlegate Dental Practice (Berwick) were both ending their NHS contracts.
- It was hoped that neighbouring practices to Corbridge would take on their NHS contract. However, finding a solution to maintaining NHS dental access in Berwick was proving much more difficult.
- The dental sector was suffering nationally from a recruitment and retainment crisis, particularly for NHS dentists. Providers and performers were choosing to retire early or move to private dentistry as well as not working as many hours.
- In July 2022, NHS England published a package of initial reforms to the NHS dental contract. These included prioritising care for patients with high needs by increasing the remuneration practices receive for more complex treatments and greater flexibility in how dental funding can be used by enable practices who can deliver more to do so and to release funding locked into practices who are unable to deliver the commissioned activity so that it can be moved to those who can deliver. The process of engagement on these proposals had commenced.
- Local Measures/actions included:
 - Offering incentives for all NHS dental practices to prioritise patients not seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care.
 - Invested in additional clinical triage capacity within the out of hours integrated NHS 111 North East and North Cumbria Dental Clinical Assessment Service.
 - Increased investment into the new Dental Out of Hours Service contract (from 01 Oct 2021).
 - Additional funding made available in 2021- 22 to practices who were able to offer additional clinical capacity above their contracted levels.
 - Working with practices to maximise their clinical treatment capacity.
 - Engaging with dental providers within the areas where contracts have been handed back to see if they were able to take on additional NHS capacity on either short-term or long term basis.
 - Exploring with Northumbria Healthcare NHS Trust whether they were able to offer any short term support whilst all options are explored for a longer term-solution in Berwick.

Members were reassured that all NHS dental practices were now able to safely provide a full range of treatments but demand for care remained extremely high with dental practices having to balance addressing the backlog of care with managing new patient demand. Practices were prioritising patients with the greatest clinical need, i.e. those requiring urgent dental care, delayed treatments and vulnerable/high risk groups such as children. However, high treatment needs of patients and workforce recruitment and retention issues had resulted in a delay in practices being able to meet the demand for more routine and non-urgent care. Work to explore all opportunities to increase the clinical capacity available and improve access for patients was continuing.

Members were advised of the particular issues in Berwick and the actions taken place to try and secure NHS dental access including:

- There had been engagement with NHS Borders to understand opportunities for Berwick patients to access services as an interim measure until a long-term solution could be secured. However, so far, the practices contacted over the border were not able to help. There was a new NHS practice opening in Kelso which many Berwick residents had requested to join.
- Formal market engagement was underway to inform procurement of a long-term sustainable contract in Berwick.
- The two private practices in Berwick had confirmed that they were not in a position to help.
- Officers would yet again be going out to seek expressions of interest from all NHS practices across Northumberland who may have the capacity and capability to deliver additional access on a sessional basis to assist with the current demand.
- Continue to work with current practices to explore how to support them to maximise their clinical treatment capacity and make contracts sustainable in the long-term.
- Continue to work with local dental networks/committees and local Health Education England colleagues to explore opportunities to improve workforce recruitment and retention and to identify further measures to improve access for patients.
- Conversations had taken place with Northumbria Healthcare to see if they had capacity at Berwick Hospital but unfortunately the dental suite was not operational yet.
- Confirmation that replacing NHS dentist capacity in Berwick would continue to be a top priority.

Members of the Health and Wellbeing Board had been invited to attend for this item and made the following comments:

- They welcomed the update on dentist provision in Northumberland.
- The capacity problems in Northumberland were discussed.
- A concern whether the reforms and measures being put in place could change or improve dentist capacity especially in the more rural parts of the county.
- A suggestion that a further update be provided in 6 months' time to examine progress made including an update on the dental system reform.

Scrutiny Members comments and responses included:

- Confirmation that there had been additional funding made available and work was ongoing to maximise the clinical treatment capacity of practices.
- The units of dental activity were to be increased to help practices, but this would not increase the cost of treatment for patients.
- The need to frequently update members of the public of changes to access and how to find NHS dentists.
- Confirmation that a range of measures would continue to be put in place to try to improve the situation in Berwick including more capacity for critical access and enticing more dentists to the area.

- Recognition that there was a need to resolve the current issue in Berwick but in the meantime, it was advised that those in urgent need of a dentist should:
 1. Call any NHS practice and explain fully what the problem was.
 2. A triage system would be in operation at practices to identify those with urgent need to access a dentist. If it was deemed urgent and they had capacity arrangements would be made.
 3. If an NHS practice was not able to arrange an appointment, then patients had the option to call NHS 111, again a triage system would be in place.

RESOLVED that:

- (a) the presentation and information detailed be noted, and
- (b) an update on the provision of NHS dental services be provided in six months' time.

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

Northumberland Inequalities Plan 2022 - 2032

Members received the draft Northumberland Inequalities Plan 2022-32 and considered the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress. (A copy of the report and powerpoint slides have been enclosed with the signed minutes).

The report was to be considered by the Health and Wellbeing Board on 8 September 2022.

Gill O'Neill, Interim Deputy Director of Public Health, gave a presentation and raised the following key points:

- The journey towards the development of the plan, including the Inequalities Summit in March 2022 and the 12 locality events during June-July 2022.
- The Inequalities Summit and discussions which took place facilitated by Prof. Chris Bentley and the keynote speaker Cormac Russell. Delegates from across the system sharing examples of best practice.
- Key messages and priorities from the Summit, including:
 - Improve our data and insights sharing
 - Upscale community centred approaches as our core delivery model
 - Align our organisations and resources (not just about funding.)
 - Look at everything through an inequalities lens
- Three questions from Cormac Russell asking what communities do best, what help do they require and what do communities need outside agencies do for them?
- Twelve Locality Conversations including understanding inequalities to be: inclusion groups, socio-economic factors, geographical areas as well as protected characteristics

- Over 400 stakeholders were involved covering many areas including parish councils, fire & rescue, general practice, housing, VCSE, faith sector and volunteers.
- Information had been collated and analysed to inform the plan and the next steps. Each locality would have a newsletter. A webinar of the event was created as a knowledge resource. There was overwhelmingly positive feedback although it was noted that it would be building on existing good practice.
- Northumberland Community Centred Approach to closing the inequalities gap would be based around five principles
 - Looking at everything through an inequalities lens.
 - Voice of residents and better data sharing.
 - Communities strengths were considered first.
 - Enhancing our services to ensure equity in access to opportunity.
 - Maximising our civic statutory level responsibilities
- Detailed lists of challenges, key statistics, approach, actions, inputs, outputs & outcomes 2022-32 and indicators to measure success were provided.
- All partners were requested to take the plan into their own organisations and refresh their internal plans to incorporate the five themes of a three-year action plan.
- Actively participate in the overview and scrutiny process on an annual basis to demonstrate progress against the inequalities plan.

Members welcomed the report and a number of comments were made, including:-

- The cost of living crisis was of great concern. There were areas of wide spread poverty and there needed to be action taken now to help residents.
- The cost of living was widening inequalities and increasing mental health issues.
- It was noted that a cross party members group was being convened to provide support and challenge to the inequalities plan and specifically, the poverty and hardship component of it.
- The need for community groups to work together and not in silos for the benefit of residents.
- The impact Covid had on widening inequalities.
- It was important that everyone was committed to the Inequalities Plan.
- There would be different starting points for communities as they all had differing needs. Neighborhood communities would be built on over the next few years.
- In the past there had been too many short term objectives to make a difference. However, it was hoped this new system wide approach could help address issues and signpost funding to where it was needed.

RESOLVED that the recommendations detailed within the report to be considered by the Health and Wellbeing Board at its meeting on 8 September 2022 be supported.

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

Proposals for the allocation of the Public Health ring-fenced grant reserve to reduce health inequalities

This Cabinet report described the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant to reduce health inequalities; and to make recommendations. It was noted that comments made by this Committee would be reported to Cabinet when the item was considered at their meeting on 13 September 2022. (A copy of the report has been filed with the signed minutes).

J. Brown, Public Health Consultant presented the report which described a prioritisation exercise undertaken for allocation of part of the public health reserve that had accumulated from underspend. Criteria were developed and weighted to score bids that were sought from within the public health team and from other teams across the council. Criteria with the highest weighting were: 'aim to reduce inequalities' (20%); and 'local need', 'evidence of impact/ effectiveness', and 'prevention' (each 15%). A higher score was given if the goal was primary prevention (preventing illness or maintaining health), in line with public health principles.

It was reported that a total of 13 projects costing £2,543,000 were provisionally approved by the senior team assessing and scoring bids, pending Cabinet approval. These ranged from £1,500 to £1 million in individual cost. Four proposals of relatively low value individually (£23,000 in total) were approved as business as usual. Supported bids with the highest cost were for: poverty (£1 million); a selective licensing scheme for privately rented homes (£710,000); NHS Health Checks programme redesign (£300,000); Children and Young People's Emotional & Mental Health Support (£210,000); and the evaluation of integration of services for children, young people and families in Northumberland (£150,000).

Members made a number of comments including:

- Selective licensing of rental properties to help address the impact of poor-quality housing, management, and anti-social behaviour associated with tenants was welcomed.
- One-off funding to support a major redesign of the NHS Health Check programme to enable direct delivery by health trainers (and potentially other staff) in community settings outside of General Practice could help target those most at risk of premature mortality and reduce socioeconomic inequalities in uptake.
- The contribution of £1 million from the Public Health reserve to support the implementation of the NCC Poverty Action Plan (part of the system-wide Inequalities Plan) over 18 months was welcomed.
- The need to ensure there was evidence based decision making when allocating funding to ensure openness and transparency with the public.
- The benefits of alternative and complementary treatments.

- The importance of good leadership to deliver programmes to increase capacity and to use creativity to improve health and wellbeing and reduce inequalities.
- Healthwatch was reassured funding for children's and young people's emotional health support had been included as this had been raised as an area of focus during their work talking to communities.

RESOLVED to recommended that Cabinet:

- (a) Approve the allocation of funding from the Public Health reserve as proposed in this report.
- (b) Delegate to the Director of Public Health the precise expenditure of the funding set aside to address issues around poverty.

27. HEALTHWATCH NORTHUMBERLAND ANNUAL REPORT 2021-22

Members received the Healthwatch Annual Report 2021-22 and a presentation from Derry Nugent, Project Co-ordinator of Healthwatch. (A copy of the report and presentation slides have been filed with the signed minutes).

The presentation highlighted the issues discussed within the Annual Report, including:

- All Local Authorities were required to have a Healthwatch function and Northumberland County Council.
- Although the focus was always Northumberland, Healthwatch would also work with friends and partnership outside the county.
- The focus of Healthwatch's work had been 'championing what matters to you', with you being someone who lived and worked in Northumberland. Healthwatch actively listened to patients and service users, checked what they had said, and then reported onwards.
- It was necessary for services to take a step back and look at the bigger picture. Healthwatch had been able to bring the public's experiences to services and trying to create empathy by providing a deeper understanding than by using data alone.
- Change took time and this was one of the biggest challenges for Healthwatch. It hoped to be able to influence the decision makers partnerships and other bodies.
- Healthwatch would always pass on the information and feedback it received.
- In the last year Healthwatch had looked at a number of areas including end of life, impact of Covid on health inequalities, dental services, the new Integrated Care System, primary care and people being cared for at home.
- A list of outcomes of each project were listed.
- Forthcoming work included:-
 - Reports were due to be published in autumn 2022 on family experiences to autism and mental health services and experiences of people with sight loss.
 - There would be no annual survey but instead Healthwatch would do more focus group work aimed at hearing from people who were 'less often heard'.

- Discussion of new ways of delivering social care and outpatient services.
- The Annual General Meeting would be held on 19 October 2022 at Northumberland College with all invited to attend. Keynote speakers would be R. Mitcheson and N. Bradley.
- Healthwatch was once again able to get into communities, hold talks and reach out to more people now that there was no Covid restrictions in place.

Members welcomed the informative report and presentation.

RESOLVED that Healthwatch Northumberland Annual Report for 2021-22 be received.

28. 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 request was made for an update on progress made regarding the new Berwick Hospital. It was agreed to ask the Trust to provide a timetable for completion to members of the committee.

RESOLVED that the work programme be noted.

29. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Tuesday, 4 October 2022 at 1:00 p.m.

CHAIR _____

DATE _____

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Forward Plan

FORTHCOMING CABINET DECISIONS SEPTEMBER TO DECEMBER 2022

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p>Alnwick and Hexham Shopfront Design Guides Northumberland County Council is committed to retaining the special character of its conservation areas. In market towns such as Alnwick and Hexham, shops and commercial premises are a key element of the conservation areas and have a considerable impact on their overall appearance. Achieving a high standard of design in relation to shops and other businesses is important in underpinning commercial success.</p> <p>The Alnwick Shopfront Design Guide, 2021 replaces the 'Design Guide for Shop Fronts' which was adopted by Alnwick District Council in 1995. It has been produced in partnership with Alnwick Civic Society. The Hexham Shopfront Design Guide, 2018 is an update of the 'Interim Design Package for Shopfronts and Their Advertisements', which was adopted by Tynedale Council in January 1990 and produced in association with the Hexham Civic Society. The updated Shopfront Design Guides are in line with national and local planning policies and contain guidance to assist developers, retailers, design professionals and building owners to prepare designs for shopfronts and other commercial premises which respond well to local character. They provide the Council with a set of criteria against which to assess the quality of proposed works when determining applications for planning permission and listed building</p>	N/A	13 September 2022

<p>consent. (C. Horncastle/S, Rushton 01670 622650)</p>		
<p>Bamburgh Conservation Area Character Appraisal Section 71 of the Planning (Listed Buildings and Conservation Areas) Act 1990 places a duty on local authorities to “formulate and publish proposals for the preservation and enhancement of any parts of their area which are conservation areas”, but, more than that, a conservation area appraisal is a tool to help people understand what is important about a place and manage change within it. Bamburgh Conservation Area Character Appraisal (CACA) provides an evidence base for managing change. By adopting a conservation area appraisal, planning authorities are better placed to give due and proportionate weight to the special interest of conservation areas. This will, in turn, result in better informed and balanced decisions in relation to the historic environment. An appraisal can also be used to support potential strategic plans and policies for the area, and to promote its conservation and regeneration. (C. Horncastle/S, Rushton 01670 622650)</p>	<p>N/A</p>	<p>13 September 2022</p>
<p>Energising Blyth: Culture and Placemaking Programme This report updates Cabinet and seeks approval and key decisions regarding the development and delivery of the Energising Blyth Culture and Placemaking Programme (CPP). The CPP is a package of culture and placemaking measures in Blyth. This aims to catalyse Blyth’s cultural revival, supporting the benefits of the wider investments in the town.</p>	<p>N/A</p>	<p>13 September 2022</p>

<p>This project is part of the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj/Lara Baker - 07919 217457)</p>		
<p>Energising Blyth: Energy Central Campus Phase 1: Learning Hub This report updates Cabinet and seeks approval and key decisions regarding the development and delivery of the Energy Central Campus Phase 1: Learning Hub. The Energy Central Campus (ECC) is a transformational, business-led skills, education and innovation development supporting growth in the low carbon energy sector in Blyth and the wider Northeast. This project is part of the Energising Blyth Regeneration Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. (W. Ploszaj/Lara Baker - 07919 217457)</p>	N/A	13 September 2022
<p>Energising Blyth: OREC Technology and Innovation Centre This report updates Cabinet and seeks approval of the Business Case and other key decisions regarding the development and delivery of the OREC Catapult new Centre. This is a business-led skills, education and innovation development adding to the cluster of facilities at OREC's site at the Port of Blyth and supporting Research and Development and growth in the low carbon energy sector in Blyth and the wider Northeast. It will be a key national asset driving forward the Government's Zero Carbon agenda and will generate. This project is part of the Energising Blyth Regeneration</p>	N/A	13 September 2022

<p>Programme including projects supported by the Future High Streets Fund and Blyth Town Deal. It is also being funded by the North of Tyne Combined Authority, Innovate UK and OREC (W. Ploszaj/Lara Baker 07919 217457)</p>		
<p>Financial Performance 2022-23 - Position at the end of June 2022 The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 June 2022. (R. Wearmouth/K. Harvey - 01670 624783)</p>	N/A	13 September 2022
<p>Food & Feed, Safety & Standards Service Plan 2022/23 The purpose of this report is to present to Cabinet, for its consideration and endorsement, the Food and Feed, Safety and Standards Service Plan for 2022/23. (C. Horncastle/Peter Simpson 07920 806260)</p>	Communities and Place OSC 31 August 2022	13 September 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. (C. Horncastle/S. Brannigan 07966 335 508)</p>	N/A	13 September 2022
<p>Proposals for the Coquet Partnership</p>	FACS OSC	13 September 2022

<p>This report sets out the feedback received from stakeholders arising from consultation on a proposal to reorganise the Coquet Partnership of schools to a 2-tier (primary/secondary) system of education, with accompanying relevant recommendations in the light of this proposal.</p> <p>Cabinet may also be recommended to permit the publication of a Statutory Proposal in relation to this proposal, which if approved would require Cabinet to make a final decision on the proposal at a later date. (G. Renner Thompson/S. Aviston – 01670 6222810)</p>	<p>8 September 2022</p>	
<p>Proposals for the allocation of the Public Health ring-fenced grant reserve</p> <p>This report describes the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant; and to make recommendations.</p> <p>There is a requirement when using any funds from underspend to comply with the conditions of the use of the annual public health grant, which means that the funds must be spent on public health functions.</p> <p>This report describes a prioritisation exercise undertaken for allocation of part of the public health reserve that has accumulated from underspend. Criteria were developed and weighted to score bids that were sought from within the public health team and from other teams across the council. Criteria with the highest weighting were: 'Aim to reduce inequalities' (20%); and 'local need', 'evidence of impact/ effectiveness', and 'prevention' (each 15%). A higher</p>	<p>Health and Wellbeing OSC 6 September 2022</p>	<p>13 September 2022</p>

<p>score was given if the goal was primary prevention (preventing illness or maintaining health), in line with public health principles. (W. Pattison/J. Brown, 07796 312409/ L. Morgan, 07920 360093)</p>		
<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 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)</p>	<p>Corporate Services and Economic Growth OSC 12 September 2022</p>	<p>13 September 2022</p>
<p>Council Tax Support Scheme for 2023/24 Since 1 April 2013 the Council is required to have its own council tax support scheme to provide assistance to council taxpayers on low incomes. The scheme needs to be approved annually and assistance is by way of a reduction in the amount of council tax that is due. The Council Tax Support Scheme needs County Council approval. (R. Wearmouth/G. Barnes – 01670 624351)</p>	<p>Corporate Services and Economic Growth OSC 10 October 2022</p>	<p>11 October 2022 Council 2 November 2022</p>
<p>Family Hubs Development Northumberland has been selected as one of the 75 local authorities who can receive additional funding to develop the Family Hub offer. The overall amount potentially available for Northumberland between Autumn 2022 and March 2025 is indicated to be between £3.321m and £3.446m. Work has been ongoing to develop the Family Hub model in</p>	<p>FACS OSC 8 September 2022</p>	<p>11 October 2022</p>

<p>Northumberland for some time, building on the already established Early Help Locality Model across the county. (G. Renner Thompson/M. Connor - 01670 620349)</p>		
<p>Leisure Service Review This report presents the findings and recommendations from the leisure service review. (J. Watson/ M. Taylor - 01670 622430) (Confidential report)</p>		11 October 2022
<p>“Market Sustainability and Fair Cost of Care Fund” submission To seek Cabinet approval for a submission to the Department of Health and Social Care to comply with the grant conditions of the Market Sustainability and Fair Cost of Care Fund 2022 to 2023. (W. Pattison/N. Bradley - 01670 622868)</p>	N/A	11 October 2022
<p>Northumberland Destination Management Plan Destination Management is a process of leading, influencing and coordinating the management of all the aspects of a destination that contribute to a visitor’s experience, taking account of the needs of visitors, local residents, businesses and the environment. A Destination Management Plan (DMP) is a shared statement of intent to manage a destination over a stated period of time, articulating the roles of the different stakeholders and identifying clear actions that they will take and the apportionment of resources. This report requests that the County Council endorse the Vision, Partnership Principles, Strategic Aims, and Priorities of the 10 year DMP for Northumberland.</p>	C&P OSC 5 October 2022	11 October 2022

(J. Watson/Nigel Walsh 07789654472)		
<p>Outcomes of Consultation on Berwick Partnership Organisation</p> <p>This report sets out the feedback received from stakeholders arising from Phase 1 of informal consultation with stakeholders in the Berwick Partnership area and other relevant parties on whether any models of organisation that may be brought forward with specific proposals for schools (Phase 2) should consist of only 3-tier models of organisation or include 3-tier and 2-tier (primary/secondary) models of organisation.</p> <p>Cabinet is also asked to permit the initiation of the Phase 2 informal consultation with stakeholders in the area served by Berwick Partnership and other relevant stakeholders on proposals for individual schools in the partnership. The outcomes of Phase 2 consultation would be brought back to Cabinet at a later date.</p> <p>(G. Renner Thompson/S. Aviston - 01670 6222810)</p>	<p>FACS OSC 6 October 2022</p>	<p>11 October 2022</p>
<p>Revised Joint Charter with Town, Parish and Community Councils</p> <p>This report updates Cabinet and seeks approval for the publication of the revised joint Charter between the Council and the Town, Parish and Community Councils (TPCCs) in Northumberland.</p> <p>This revised Charter includes minor amendments to the 2019 edition and has been prepared following consultation with Northumberland Association of Local Councils (NALC). It defines joint principles to enable the Council and TPCCs to work effectively together to improve the economic, social and</p>	<p>Communities and Place OSC 26 October 2022</p>	<p>11 October 2022</p>

<p>environmental well-being of Northumberland. (G. Sanderson/Iain Hedley -07747 473687)</p>		
<p>Supported Accommodation and Lodgings for Care Leavers and Young Homeless</p> <p>The report seeks permission from Cabinet to go to the market to commission a range of services to provide supported accommodation and lodgings for Northumberland care leavers and young homeless which will assist the Council in meeting its statutory duties.</p> <p>The Council has a responsibility to provide support and accommodation to:</p> <ul style="list-style-type: none"> ● Looked After young people and Care leavers under the Children Act 1989; ● Young people presenting as homeless and needing accommodation in line with the Statutory guidance - Provision of accommodation for 16- and 17-year-olds who may be homeless and/or require accommodation ● Separated children (formally known as unaccompanied asylum-seeking children); ● Young people who require support after the age of 18 in line with the Staying Put agenda. ● Other young people aged 16 and above who are beyond school leaving age who may require provision under this service as and when they meet varying Local Authority thresholds. <p>The intention is to create a Dynamic Purchasing System (DPS) which will allow the Council to contract with a range of pre-qualified suppliers, supporting access to a range of</p>	<p>FACS OSC 6 October 2022</p>	<p>11 October 2022</p>

<p>placements across the County for eligible young people. Unlike a framework arrangement, a DPS allows suppliers to join at pre-agreed points of time, encouraging competition and making it easier for local suppliers to access the arrangement. This will support the Council in meeting its duties during a time of change; Ofsted regulation for this sector is due to be introduced in late 2023 and is expected to cause some disruption within the marketplace as providers determine whether they are willing and able to meet the new guidelines. A DPS will create a more flexible solution providing the Council with improved access to suppliers in order to meet need. (G. Renner Thompson/M. Connor 07833 437064)</p>		
<p>Working together with VCSE – Non recurrent variation to VCSE Infrastructure Contract This purpose of this report is to seek approval to expand the current Northumberland Communities Together (NCT) and Voluntary Community and Social Enterprise (VCSE) Infrastructure contract to include additional funding obtained from NHS Northumberland CCG, now the Integrated Care Board, to support the Thriving Together work between Northumberland Communities Together and the VCSE (W. Pattison/M. Taylor - 01670 622430)</p>		11 October 2022
<p>Budget 2023-24 and Medium Term Financial Plan 2023-27 This report provides an update on the development of the 2023-24 Budget and the Medium-Term Financial Plan (MTFP) covering the period 2023 to 2027. This report also details budget proposals for 2023-24 to meet the budget gap, as a basis for budget consultation, prior to the receipt of the Local Government Finance Settlement 2023-24</p>	<p>Corporate Services and Economic Growth OSC 7 November 2022</p>	8 November 2022

in December 2022. (R. Wearmouth/A. Elsdon 01670 622168)		
Market Position Statement The report will ask Cabinet to approve the publication of the updated Adult Social Care Market Position Statement. (W. Pattison/A. Curry 07557948621)	H&W OSC 1 November 2022	8 November 2022
Council Tax Base 2023/24 The Council is required to set its council tax base annually. The tax base must be set between the 1st of December and 31st January. The tax base is a measure of the Council's taxable capacity which is used for the setting of its council tax. Legislation sets out the formula for calculation. Cabinet have delegated authority to approve the tax base. (R. Wearmouth/G. Barnes – 01670 624351)	Corporate Services and Economic Growth OSC 12 December 2022	13 December 2022
Financial Performance 2022-23 - Position at the end of September 2022 The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 September 2022. (R. Wearmouth/K. Harvey - 01670 624783)	N/A	13 December 2022
Trading Companies' Financial Performance 2022-23 - Position at the end of September 2022 The purpose of the report is to ensure that the Cabinet is informed of the current financial positions of its trading companies for 2022-23 (R. Wearmouth/M. Calvert - 01670 620197) (Confidential report)	Corporate Services and Economic Growth OSC 12 December 2022	13 December 2022

<p>Recommissioning of an Integrated Drug and Alcohol Service for Adults in Northumberland</p> <p>To seek permission from Cabinet to commission an Integrated Drug and Alcohol Service for Adults in Northumberland. This Service will be commissioned using the Public Health Ring-Fenced Grant. The grant conditions state that Local Authorities must improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need. 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. (A. Pattison/John Liddell M: 07929 775559)</p>	<p>H&W OSC 6 December 2022</p>	<p>10 January 2023</p>
<p>Budget 2023-24 and Medium Term Financial Plan 2023-27</p> <p>The report presents the updated Budget 2023-24 and Medium Term Financial Plan 2023-27 to Cabinet following the receipt of the provisional local government settlement which is due to be announced during December 2022. The report will also include an update on the deliverability of savings. (R. Wearmouth/A. Elsdon 01670 622168)</p>	<p>Corporate Services and Economic Growth OSC 13 February 2022</p>	<p>14 February 2022 Council 22 February 2022</p>
<p>Financial Performance 2022-23 - Position at the end of December 2022</p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 December 2022.</p>	<p>N/A</p>	<p>14 March 2023</p>

(R. Wearmouth/K. Harvey - 01670 624783)		
Financial Performance 2022-23 – Position at the end of March 2023 (Provisional Outturn) The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 March 2023 (provisional outturn) (R. Wearmouth/K. Harvey - 01670 624783)	N/A	9 May 203

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 11 August 2022 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Blair, A.	Pattison, W.
Lamb, S.	Syers, G.
Lothian, J.	Travers, P.
Mead, P.	Young, M. (substitute)
Mitcheson, R.	Watson, J.
Morgan, L.	

OTHER COUNCILLORS

Jones, V.	
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IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
S. Allen	Chief Executive (North East & North Cumbria ICB)
Dr. K. Bush	Public Health Registrar

76. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors H.G.H. Sanderson, E. Simpson and G. Reiter, D. Thompson.

77. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 July 2022, as circulated, be confirmed as a true record and signed by the Chair.

78. ICS UPDATE

Members received a verbal update and presentation from Sam Allen, Chief Executive of the North East & North Cumbria Integrated Care Board.

- Integrated Care System (ICS) included all organisations responsible for public health and wellbeing and worked through the following bodies
 - Integrated Care Board (ICB) – taking on responsibilities of eight CCGs and some NHS England functions. Working at ‘place level’ in 13 Local Authority areas.
 - Integrated Care Partnership (ICP) – joint committee of ICB including voluntary sector, patient fora and 13 Local Authorities. Responsible for developing Integrated Care Strategy.
- Strategic aims of ICBs set by Government
 - Improve outcomes in population health and health care
 - Tackle inequalities in outcomes, experience and access.
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development
- Challenges inherited by ICB – some of worst health outcomes in England, health inequalities, increasing demands on emergency care services, restoration of elective services after COVID, disparities in access to services across ICS area, and inconsistent staffing structures across the former CCGs.
- What will stay the same?
 - Statutory role of Local Authorities in improving health and wellbeing of local population.
 - Duty to collaborate between NHS organisations and Local Authorities.
 - Statutory duty of Health & Wellbeing Boards
 - Operational continuity and stability.
 - NHS representation at Health & Wellbeing Boards
 - Joint working between ICB teams and Local Authorities.
- What will change?
 - ICB will replace eight CCGs
 - Streamlined decision making
 - Statutory Integrated Care Partnership with Integrated Care Strategy.
 - Support for broader social and economic development in region.
 - Renewed focus on health inequalities
- ICB functions discharged at regional level and place listed.
- One ICS wide ICP built up from four locally focused ICPs, recognising existing partnerships will be created.
- System side ICP – meet annually with membership comprising ICB and all thirteen Local Authorities (plus other partners).
- Locally based ICPs – meet frequently with membership from ICB place teams, Local Authorities, Trusts and PCNs.

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

- This review was different to those previously because it was the first time that there had been such a focus on, and statutory duty in legislation on, health inequalities, also the Health & Care Strategy over a five year period and a longer term financial settlement. This was a very challenging time for all public sector services and the wider community, particularly as it was anticipated that there would be an economic recession. There would

be an opportunity to harness and address vacancies across the service and have more sustainable services.

- It was acknowledged that delivering health services in remote areas was very different to delivering them in urban areas. There was an ideal opportunity to ensure this issue was visible as part of the Health & Care Strategy. This would also involve discussions with staff delivering care in those communities and reducing barriers.
- A good start in addressing longstanding inequalities had been made by holding the Health Inequalities Summit and bringing in experts, understanding the data, and asking communities. The solutions were out in the community and could only be solved by working together. Issues were related to environment, availability of resources, legacy of industry and the wider social determinants such as housing, affordability and breaking some deeply entrenched cycles. The North East was the leading area for the proportion of children living in poverty. There was a need now for concerted action rather than more reports.
- It was acknowledged that there were limited numbers of staff and clinicians in the more remote areas and Primary Care was beginning to struggle. These assets would be treated in the best way possible. The Board would be open and honest.
- The close working relationship between the Adult and Children's Safeguarding Boards and the former CCG would remain in place and a 'place' based response to safeguarding would be maintained. There would also be an opportunity to look at strategic themes across the North East and North Cumbria.
- It was stressed that although the NHS had an important role to play in addressing inequalities, it was vital that it was a shared endeavour with other organisations. The NHS could not solve everything.
- The Care Quality Commission would be inspecting services in the future and assess how they were being delivered and the outcomes.
- It was acknowledged that change to systems could take place before the outcomes of previous change had come to fruition. Some areas could take many years before the outcome was clear whereas others could be addressed more quickly. It was not possible to deal with all inequalities immediately, but those that could have the biggest impact would be prioritised.
- Areas where inequalities should be prioritised included children and young people, respiratory illness, drug related deaths. Northumberland needed to be very clear about which of the inequalities would be tackled, how it would be measured, and how to know what progress was being made against each.

RESOLVED that the presentation and comments be noted.

79. A HEALTH NEEDS ASSESSMENT OF BENEFITS AND DEBT ADVICE FOR NORTHUMBERLAND

Members received the findings and recommendations of the recently completed health needs assessment of benefits and debt advice for Northumberland and to seek their views on the recommendations and next steps. The report was presented by Dr Kathryn Bush.

Dr. Bush raised the following key issues:-

- The assessment was carried out in late 2021 and considered the type of needs, unmet needs and implications.
- **Normative Need** (published evidence and expert opinion)
 - The Marmot Reviews highlighted the links between income and health. People living in the most deprived areas lived shorter lives and a longer proportion of their lives in poor health compared to those in less deprived areas.
 - Welfare benefits and debt advice could improve health through increased income to buy food, providing heating and indirectly to lower stress, improve mental health, and generally engage more with health services.
 - There was a two way relationship between debt and health.
 - The Department for Work and Pensions estimated at approximately £7.1 billion, was unclaimed each year (pension credit, housing benefit, income support/employment and support allowance.) Unclaimed benefits in Northumberland could be £31.8 million per year.
 - Increase in inflation and overall cost of living – those with the lowest incomes are most severely affected by rising costs.
- **Comparative Need** (how we compare with other places)
 - Northumberland presented unique problems due to its geography and widespread rural population.
 - Healthy life expectancy was lower than national average and decreasing.
 - Suicide rates higher than national and North East average.
 - North East of England had lowest median weekly earnings in the country
 - Northumberland had higher number of children living in poverty in working families than in non-working families.
- **Felt Need** (What people say they need)
 - 2015 Residents' Survey Findings
 - Adequate income top factor contributing to health and wellbeing
 - 14% faced difficulties paying fuel and energy bills
 - 9% had difficulties buying food and 2% were reliant on high interest money lenders
 - 19% did not use the internet.
- **2022 Survey Results**
 - Citizens Advice Bureau – most commonly named source for benefits and debt advice
 - Some people needed advice but did not access it

- 8% did not know where to get it
- 6% were concerned about confidentiality
- Others had difficulty accessing advice or were too embarrassed.
- **Expressed Need** (which services people were currently using)
 - Many organisations provided basic budgeting and financial advice but referred on for benefits advice or debt management.
 - Citizen's Advice Northumberland was signposted by other agencies
 - Northumberland Communities together provided advice and discretionary grants to residents.
 - Northumberland County Council's Welfare Rights Team provided training and support to care managers and social workers.
 - Citizens Advice Northumberland gave advice to 22,582 clients in 2019-20 and covered benefits and debt advice
- **Potential Unmet Needs Identified**
 - Between February 2019 and January 2020 51% calls to Citizens Advice were unanswered. The pandemic resulted in an overall increase in numbers requiring and accessing advice services.
 - Families who had previously been 'just about managing' were now facing financial problems.
 - Challenge of meeting needs of rural populations and residents with low income highlighted.
- **Report Implications**
 - Advice services in Northumberland not currently meeting the increasing needs of population.
 - Increase core service funding
 - Invest in wider capacity building over the next three years.
 - Increase planned investment from £420,000 per annum to £520,000 per annum.

The following comments were made:

- The Northumbria Healthcare NHS Foundation Trust offered debt advice to all staff and so it was important to recognise the support offered by organisations to their staff.
- It should also be acknowledged that there was a lot of social prescribing activity within Primary Care related to debt management and help in accessing debt services.
- There may be a role for Northumberland Communities Together in improving access to the internet for the 19% (2015) of residents reported to have no access. There was often a view that everyone could access digital technology, but this was not the case. It was important to find ways to help people to access the internet without having to pay.
- The issue was wider than just people's finances and often also related to housing problems.
- The principle of 'Making Every Contact Count' was valuable and it was hoped that it would be possible to improve the ability of workers to recognise where help was needed and signpost a patient to appropriate services.

- Comparison figures were obtained by looking at neighbouring Local Authority areas and areas where the cost of living was similar to Northumberland. It was clear that workers in the North East were earning less. Lower income was also a contributing factor in health outcomes.
- Many people needing help to fill in forms or seek advice found it difficult to access advice services by telephone or face to face. The survey had revealed that sometimes the opening times of town centre hubs did not fit in with public transport. Citizens Advice had made the decision in 2017 to increase its service by telephone and digital means.
- Job roles should be created which would address rurality problems and allowed proper targeting to ensure that the right people got the right message. There needed to be a consistent approach to ensure that these staff were properly trained and ensure that they were regularly updated.
- Provision of welfare and benefit advice within NHS partner organisations was an issue that could be picked up through the ICS Strategy to ensure a consistent approach.

RESOLVED that

- (1) Members' comments on the evidence in the report and Advice Services Health Needs Assessment Summary be noted.
- (2) The importance of the role that advice services have in reducing inequalities be acknowledged.
- (3) The role of advice services with Northumberland's system-wide Inequalities Action Plan be noted; and
- (4) The contribution of partners to support access to welfare and benefits advice for their staff, patients, and residents, be agreed.

80. LIVING WITH COVID

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

Liz Morgan highlighted the following key areas:-

- The current wave of COVID infections appeared to be falling off and ONS data estimated prevalence had fallen from 1:20 to 1:25 for week ending 26 July 2022. This was true of all regions and age groups.
- Hospital admissions and bed occupancy relating to COVID was also falling.
- No emerging new variants currently.
- Key messages to the public remained wearing face coverings in busy places, isolate if unwell, handwashing, good respiratory hygiene and getting vaccinated.

Rachel Mitcheson updated Members on the current position with the vaccination programme as follows:-

- 87% uptake within the eligible population which was comparable with the first booster uptake.
- In the over 75s and immunosuppressed, the uptake was above average whereas in care homes it was slightly below average. The offer had been made to all patients.
- The evergreen offer remained open across all cohorts along with second doses for 5 – 11 year olds.
- A COVID booster would be offered to all aged over 50 and those 16+ and at risk and frontline health and social care workers.
- The flu vaccination programme had been extended to the same cohorts.
- All but four GP practices had opted in to delivering the autumn programme. The community pharmacy expression of interest process was still ongoing.
- At least one GP led vaccination site in each PCN with additional coverage provided by community pharmacies and/or pop up/roving clinics.
- The estimated start date was 12 September 2022 for cohorts 1 and 2. With remaining cohorts being staggered.
- It was expected that a modified, bivalent, vaccine would be used for the COVID programme and further information was awaited.
- Vaccination would be available 91 days after the most recent booster injection. Supply would be based on national 'demand profiles'.
- PCNs would prioritise vaccination of care home and housebound residents.
- There was a desire to co administer but the different arrangements for delivery would make this difficult.

RESOLVED that the verbal update be received.

81. BOARD DEVELOPMENT SESSION – REVIEW

Members received a verbal update and presentation from Graham Syers, Vice-Chair, arising from the development session which followed the July meeting.

The following key points were made:-

- The Session had considered
 - Whether the Joint Health and Wellbeing Strategy was still fit for purpose post COVID?
 - The relationship between the Health & Wellbeing Board and Scrutiny
 - The emerging relationship between the Health & Wellbeing Board and the STB/ICB?
- A small task and finish group be set up to take forward the following plan of action:-
 - Review of Board membership to reflect the four themes of the strategic plan and send invitations to join the Board. (September 2022)
 - The Inequalities Plan would be discussed at the September Board meeting.

- To consider if any existing groups could take ownership of a thematic area of the plan or if a new group required establishment. (October 2022)
- To have an executive sponsor for each themed area to chair the sub group cutting across the STB and Health and Wellbeing Board. (October 2022)
- To request a metrics update for 2021/22, four years into the plan and have another development session exploring if the metrics remain the best ones (January 2023)

RESOLVED that

- (1) the update be received and noted.
- (2) Liz Morgan and Rachel Mitcheson to discuss development of the task and finish group.

82. HEALTH AND WELLBEING BOARD FORWARD PLAN

Members received the latest version of the Forward Plan. An update to the Joint Strategic Needs Assessment to be added to the October 2022 meeting. In response to a request an NHS England representative would be invited to a forthcoming meeting to discuss plans for dental services.

RESOLVED that the Forward Plan be noted.

83. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 8 September 2022, at 10.00 a.m. in County Hall, Morpeth.

CHAIR _____

DATE _____



THE
NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

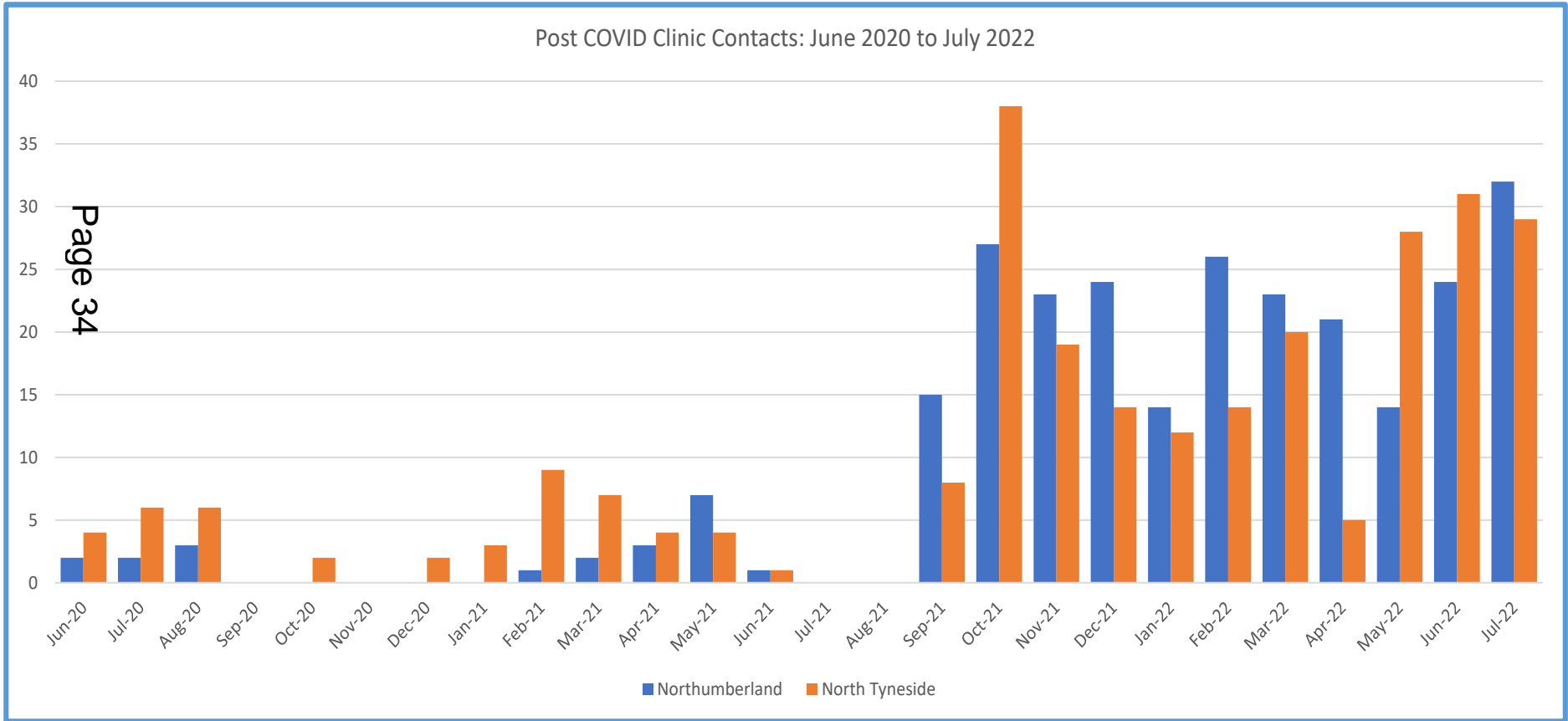
Post Covid update

Alistair Blair, Executive Medical Director, Northumbria Healthcare

Mark Weatherhead, Consultant (Medicine), Northumbria Healthcare

Alan Bell, Senior Head of Commissioning for Northumberland Place, North East and North Cumbria Integrated Care Board

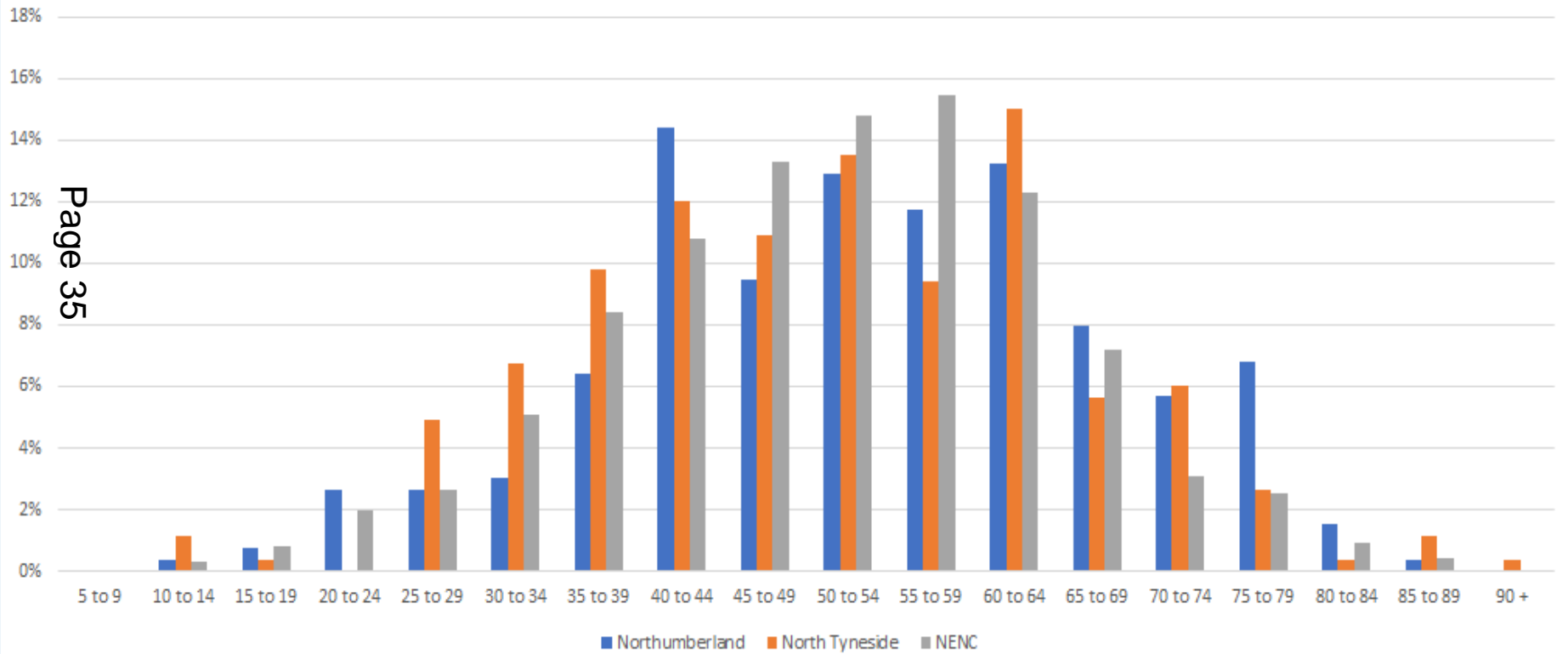
Post COVID Clinic Contacts per Month



Age Profile of Referred Patients



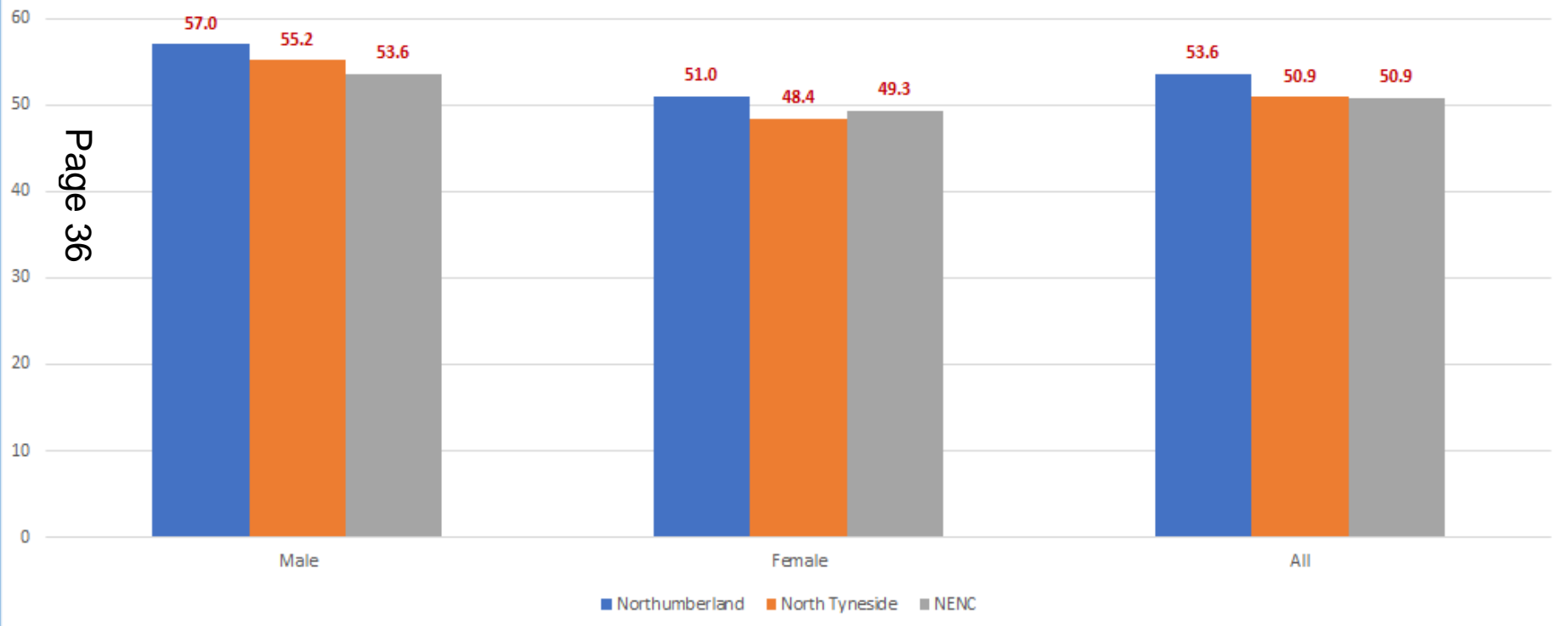
Post COVID Clinic Referrals: 20/06/2020 to 12/08/2022



Average Age by Gender



Post COVID Clinic Referrals: Average Age - 20/06/2020 to 12/08/2022

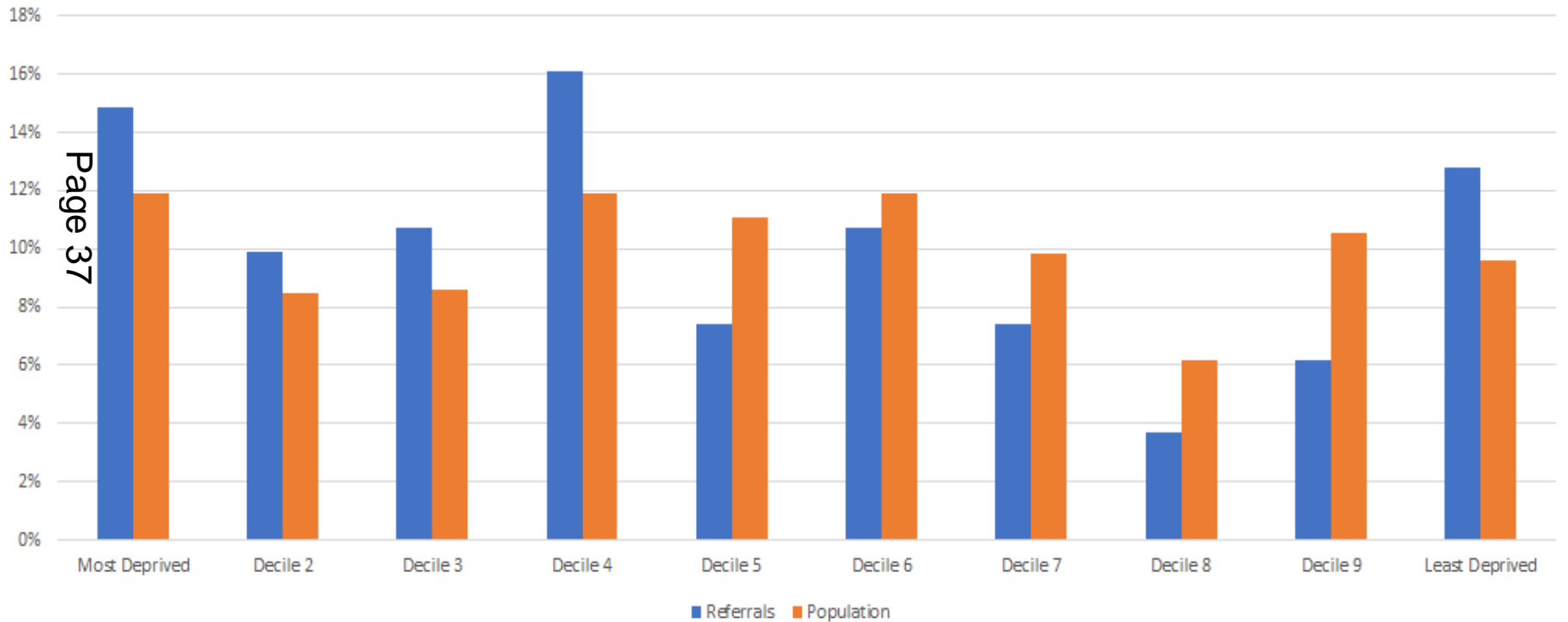


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Deprivation Profile of the Referred Cohort – Northumberland



Post COVID Clinic Referrals: 20/06/2020 to 12/08/2022
Northumberland



Post Covid Initial Features

- A game of multiple phases
 - Pre Autumn 2020 - outside hospital, confirmatory diagnosis was limited
 - There is no definitive test for past Covid infection
 - Autumn 2020 - Winter 2021 mass testing available
 - Ongoing limited access to testing outside hospital
- 205 symptoms associated with 'long' Covid
- More women - 56%
- Mainly aged 30-50 years
- Not linked to severity of initial infection
- Emphasis on listening, believing and excluding other causes

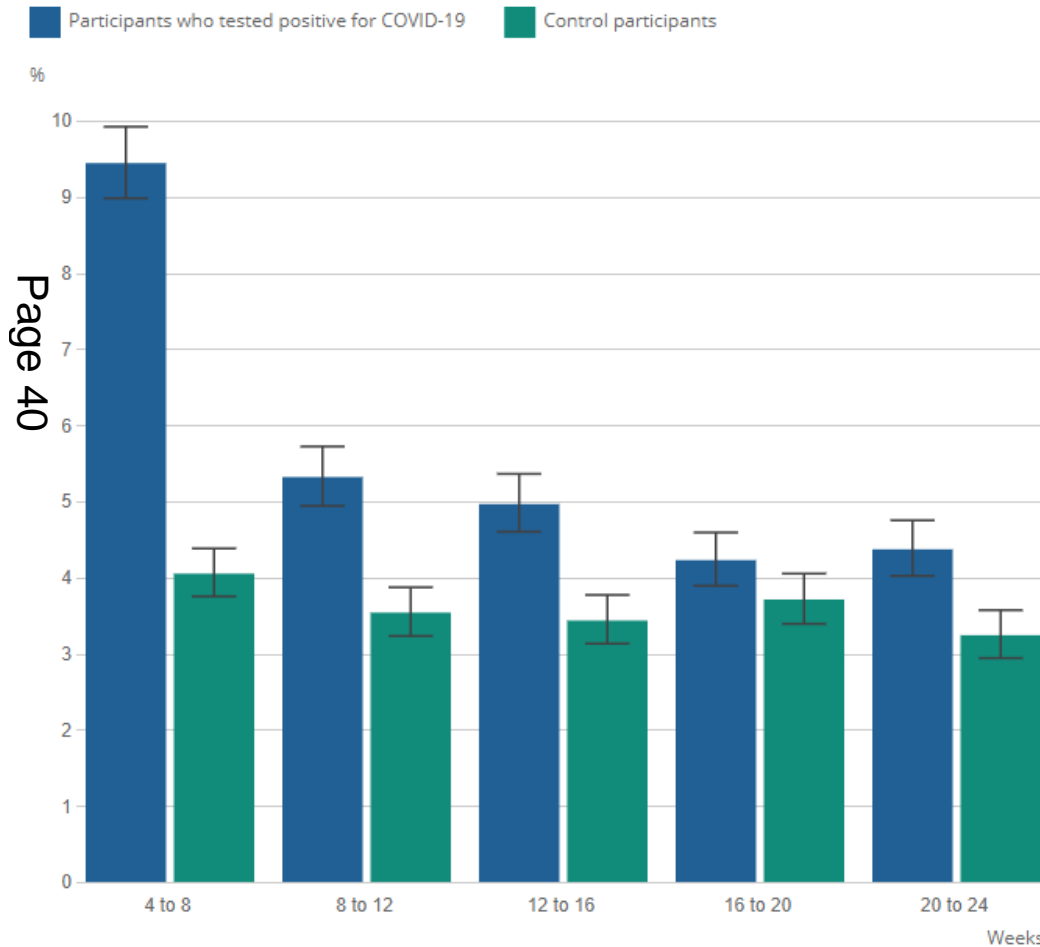
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Time

- Numbers affected over time:
 - 21% of Covid swab positive patients have symptoms at 5 weeks
 - Fatigue 12%, cough 11%, headache 10%, muscle pain 8%
 - 14% of Covid swab positive patients have symptoms at 12 weeks
 - Fatigue 8%, cough 7%, headache 7%, muscle pain 6%
- The largest group of long Covid sufferers reported symptoms such as fatigue, 'brain-fog' and headache
- A second group experienced respiratory symptoms such as chest pain and severe shortness of breath. These symptoms were the most common in the early stages of the pandemic, before widespread vaccination
- A third, smaller group experienced a diverse range of symptoms including heart palpitations, muscle ache and pain, and changes in skin and hair

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Percentage of study participants reporting any of 12 symptoms in four-week intervals from infection (participants with COVID-19) or from equivalent date (control participants), UK: 26 April 2020 to 1 August 2021



How many people have Post Covid symptoms ?

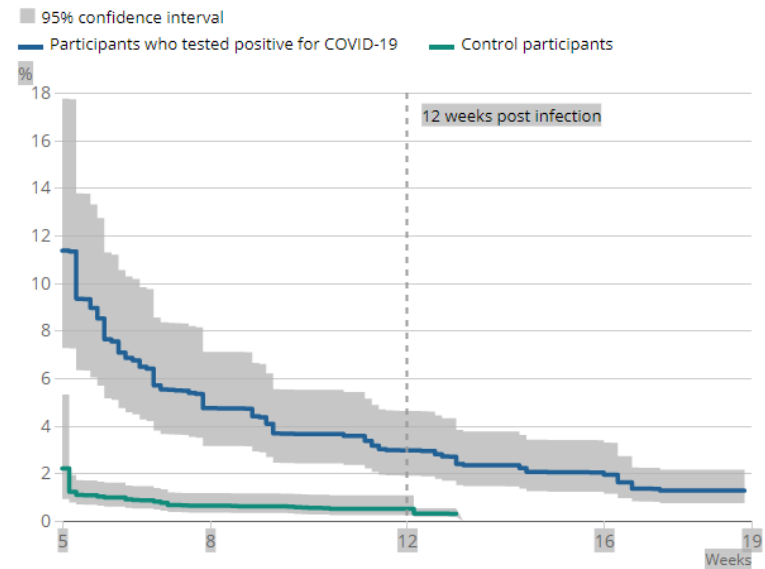
How many people have Post Covid Symptoms ?

- A clear difference for those with persistent symptoms
- Less than 1/30 have persistent symptoms over 12 weeks
- So maybe more around 3-4% of patients have true Post Covid-19 syndrome

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Figure 2: Fewer than 1 in 30 study participants experienced any of 12 common symptoms continuously for at least 12 weeks after COVID-19 infection

Estimated percentage of study participants reporting any of 12 symptoms with time from infection (participants with COVID-19) or time from equivalent date (control participants), UK: 26 April 2020 to 1 August 2021



Source: Office for National Statistics - Coronavirus Infection Survey

How many people have Post Covid symptoms ?

- Initial estimates suggest 2-5% of all positive patients will have long Covid. Later versions of Covid-Omicron etc. appear to have generated fewer case of long Covid
- Nationally there are 70,000 patients whose symptoms have lasted over one year which would equate to around 540 patients across Northumberland and North Tyneside
- There is evidence that being fully vaccinated reduces your risk of developing long Covid. It reduces your risk of catching Covid in the first place but there is also evidence that being vaccinated can reduce the risk of developing long Covid should you catch Covid

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Post Covid clinics

- Initially set up in May 2020 to follow-up patients discharged after Covid-19
- Referrals with Post Covid Syndrome seen in the clinic routinely from November 2020 onwards. These are now the majority of the patients seen in the clinic
- Respiratory physicians with some input from ID team
- MDT clinic with respiratory physiotherapist present
- Ability to refer onwards to community and hospital based psychology services and a dedicated psychologist in post

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Physiotherapy intervention

Inpatients requiring level 2 and 3 support receive a telephone call six weeks post discharge to assess for any issues requiring immediate intervention prior to the 12 week follow up clinic, telephone advice and education is provided and if necessary a home visit can be carried out

In clinic following assessment interventions include:

- Exercise and strengthening programmes
- Education re SOB including techniques for management and recovery
- Assessment and treatment of breathing pattern disorders
- Education and treatment for fatigue
- Secretion clearance
- Referral to appropriate adjunct therapies/specialist assessments
- Direction to appropriate resources for education and support
- Identification of suitable patients for a rehabilitation group programme
- Reassurance and listen to the individuals concerns and worries

Post Covid syndrome (Long Covid)

- Symptoms lasting more than three months after acute Covid-19 infection
- Multiple symptoms
- Most common - breathlessness, fatigue, lethargy, headache, chest discomfort, rashes
- And a wide variety of other post viral symptoms
- Management is akin to Chronic Fatigue Syndrome
- Exclusion of other conditions- CXR/bloods/Lung function +/- ECG/ECHO etc
- Referral to organ specific specialists for focal symptoms

Role of Post Covid clinic

- Reassurance and advice
- Signposting to self help, physiotherapy, psychology
- Exclusion of other conditions

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There are no proven specific medical treatments for Post Covid syndrome at present

Time, Rest and Pacing most important

Post Covid services regionally

- Funding (limited) at present through NHS England to support Post Covid assessment clinics in all acute trusts within the region
- It is not yet clear how long funding for the services will continue and whether more support for long term management of patients will be funded
- There is a group of patients with ongoing fatigue who are best served by community management for chronic fatigue syndrome for whom currently there is not the community based MDT team (physio/OT/psychology) to fully support. This still needs exploring on a regional basis with appropriate funding and expertise

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Any questions?



Thank you

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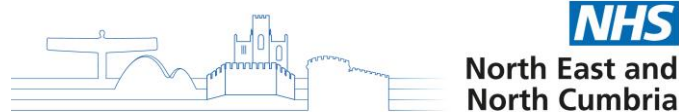


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Northumberland
County Council

In partnership with



Complaints Annual Report 2021-22: Adult Social Care and Continuing Health Care Services

- **Adult social care**
- **Continuing health care services**

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0. Introduction

- 0.1 This 'Complaints Annual Report' report covers adult social care and the NHS responsibilities for continuing health care and related services which the Council delivers under a partnership arrangement with Northumberland Clinical Commissioning Group.**
- 0.2 The report describes what people have said about our adult social care services in Northumberland and what we have learned as a consequence during 2021/22. The report also describes what people have said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and about supporting people in their own home or in a care home.**
- 0.3 This report emphasises our approach to listening and respecting all feedback offered, valuing each individual's perspective on the care they receive, and resolving issues raised by people in Northumberland. It also explains in the appendices the custom and practice in complaint handling which have evolved to meet the requirements of the national regulations as well as providing some equalities information.**
- 0.4 Complaints about adult social care and health care are handled under a single set of national regulations introduced in 2009. These regulations emphasise that complaints should be approached positively as opportunities for learning, as well as providing a means by which people can ask the organisation to address the specifics of poor services or bad decisions which affect them individually.**

1. Adult social care complaints – 2021/22

- 1.1 The complaints service directly handled all the social care and continuing healthcare complaints made to Northumberland County Council. Please note that some complaints closed were carried over from 2020/21 and some complaints received in 2021/22 will carry over into 2022/23. The table below notes the numbers of complaints received in 2021/22 and the previous two years:

Complaints received	2019/20	2020/21	2021/22	Trend
Adult social care	50	44	55	↑
CHC	8	3	2	↓
Total	58	47	57	↑

- 1.2 Over the past year we have seen an overall increase in the number of complaints being made, although slightly lower than two years ago.

- 1.3 The table below notes the numbers of complaints responded to in 2021/22 and the previous two years:






Complaints responded to	2019/20	2020/21	2021/22	Trend
Adult social care	54	41	55	↑
CHC	9	3	1	↓
Total	63	44	56	↑

- 1.4 In line with the increase of complaints received, we have seen a corresponding increase in the numbers responded to over 2021/22.






ADULT SOCIAL CARE COMPLAINTS

- 1.5 The table below shows the outcomes from the responded to adult social care complaints, whether upheld, not upheld, or partly upheld. Please note this table and the following ones in this section relate to the 55 responded to adult social care complaints. The CHC complaints data (one complaint responded to in 2021/22) follows later from section 1.12.




Complaint outcomes	2019/20	2020/21	2021/22	Trend
Upheld	13	8	14	↑

Not upheld	25	14	19	
Partly upheld	16	19	19	
Other outcomes	0	0	3	
Total	54	41	55	
Upheld and partly upheld combined	29	27	33	

1.6 The table below shows the above information as a percentage and confirms the upward trend of upheld complaints. In general terms, we find that most complainants have a point, sometimes an important one. Partly upheld complaints will have at least one element that is upheld whereas other elements are not upheld. Over 2021/22, 'other outcomes' include one complaint that could not be determined and three complaints that were withdrawn.

Complaint outcomes	2019/20	2020/21	2021/22	Trend
Upheld	24%	20%	25%	
Not upheld	46%	34%	35%	
Partly upheld	30%	46%	35%	
Other outcomes	0%	0%	5%	
Upheld and partly upheld combined	54%	66%	60%	

1.7 The table below shows the complaints responded to by service area. Care management continues to receive the most complaints, which is to be expected in the context of the number of service user contacts for that service area, although the number of complaints remains low compared to the work done which suggests that staff get things right most of the time. We have also seen an increase in the numbers of complaints related to independent providers. Again, the numbers remain low in the context of the work done. Overall, analysis suggests that many service users, carers, and families hold positive views about independent providers in Northumberland.

Service area complained about	2019/20	2020/21	2021/22	Trend
Care management	32	29	33	
Community substance abuse	0	0	1	
Finance team	4	5	2	

Home improvement service	1	3	3	⇨
Home safe	0	0	1	⇧
Independent provider	10	3	10	⇧
In-house provider	1	0	0	⇨
Occupational therapy	1	0	1	⇧
Northumberland Communities Together	0	0	1	⇧
Onecall	1	0	0	⇨
Safeguarding adults' team	0	0	1	⇧
Self-directed support team	1	1	1	⇨
Short term support service	3	0	1	⇧
Total	54	41	55	⇧

1.8 Please note that charges continue to be an underlying issue in many complaints, around 1 in 5. In this context, the key issues complained about, such as 'disagreements', 'communication' and the 'standard of service provision' are to be expected. Analysis suggests that this is at least in part due to people having, quite rightly, high expectations of services; and in part because service users are expected to contribute (more) towards the cost of their care.

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

Subject matter	2018/19	2019/20	2020/21	Trend
Adaptations & equipment	1	0	0	⇨
Attitude or conduct of staff	2	2	4	⇧
Communication / information	7	7	15	⇧

Contact arrangements	1	0	0	→
Disagreement with assessments / reports	4	3	1	↓
Disagreement with decisions	3	7	7	→
Failure to follow procedure	3	4	2	↓
Finance / funding	9	4	6	↑
Health & safety	0	0	0	→
Speed or delays in service	2	0	3	↑
Standard of service provision	22	14	17	↑
Total	54	41	55	↑

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

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

CHC COMPLAINTS

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

Complaint outcomes	2019/20	2020/21	2021/22	Trend
Upheld	1	1	0	↓
Not upheld	1	0	0	→
Partly upheld	7	2	0	↓
Other outcomes	0	0	1	↑
Total	9	3	1	↓
Upheld and partly upheld combined	8	3	0	↓

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

1.14 The table below shows the CHC complaints responded to by service area.

Service area complained about	2019/20	2020/21	2021/22	Trend
Care management	5	2	1	↓
Independent provider	0	1	0	↓
Nurse assessment team	2	0	0	↓
Occupational therapy	1	0	0	→
Support planners	1	0	0	→
Total	9	3	1	↓

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

Subject matter	2018/19	2019/20	2020/21	Trend
Attitude or conduct of staff	1	0	0	→
Disagreement with assessments / reports	1	1	0	↓
Disagreement with decisions	0	0	1	↑
Failure to follow procedure	3	1	0	↓
Finance / funding	1	0	0	→
Speed or delays in service	0	0	0	→
Standard of service provision	3	1	0	↓
Total	9	3	1	↓

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

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

2.1 Many of the issues have been reported over 2021/22 reflect the kind of situations which can occur from time to time in a large care organisation, but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes in general terms.

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

	<p>Advice/signposting especially in respect of court matters and how adult social care work relates to this. On-going monitoring of effectiveness of processes.</p>
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- 2.2 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters. It is important to listen and to acknowledge people’s experiences; and to apologise as appropriate.**
- 2.3 Listening to the views and experiences of the people who use our services and of carers is extremely important, but what is more important is how we respond to this.**
- 2.4 The following section provides a selection of ‘thumbnail’ portraits by subject matter in the key areas of to ‘disagreements’, ‘communication’ and the ‘standard of service provision’ to illustrate the actions taken to resolve complaints and improve services where they were upheld and party upheld.**

Key complaint categories for complaints responded to over 2021/22 are ‘Standard of service provision’, ‘Communication/information’, and ‘disagreements’. Taken together these complaints suggest, irrespective of outcomes (people make complaints because they are unhappy about staff or services), that services are not always meeting the expectations of service users, their families, and carers; and that this is, in part, due to perceived issues around quality and, in part, due to service users and their families and carers not knowing what to expect.

As a result of this analysis and other sources of information, work is currently underway with all service areas to make sure that all relevant staff are clear about their role and the expected standards; and that appropriate information is being communicated to service users, their families, and carers at the right time, especially about charging and the recording of such (11 of 56 complaints responded to over 2021/22 related in some way to charging (10) or interim health funding (1); and of these, 9 related to the care management function and 2 to the finance team).

2.5 Communication/information:

- 1. A family complained about the lack of communication and information around a change in site being managed by a day care provider. On investigation it was found that while initial information was shared in a timely way, communication with care management had been lacking and the changes were introduced very suddenly leading to anxiety and upset for the service user and their family. An apology was made. To prevent recurrence, the commissioning team reviewed the contract and decided to include a more detailed process in the contract for this provider.**

- 2. A service user complained that his adult social care & support plan had been placed into his homecare file at his home, and that this could be read by any of his carers. It contained personal information. On investigation, it was found that the care & support plan should not have been placed in the homecare file, that homecare staff had not followed procedure. An apology was given, and remedial action taken to prevent recurrence. In addition, all of the homecare provider's case managers and senior case managers were reminded about the correct procedure – all staff must follow the checklist which outlines clearly which documents are to go into both the office file and the customer's file at home; and that senior case managers should sign off all files before they are taken to the customer's home.**
- 3. A father complained because monies had been taken despite his son not restarting day care until a later time than the finance team believed. On investigation, it was found that the system hadn't been updated in a timely manner by the care manager to reflect the necessary changes, which in turn had a knock-on effect for the finance team and charges. An apology was given, the system updated, and the relevant member of staff reminded about the expectation to update the system in a timely manner.**
- 4. The wife of the service user was unhappy about an apparent lack of calls back and because she had not had a carer's assessment despite her request. On investigation, it was found that her messages had been responded to each time and while her husband had been assessed, she had not been offered or received a carer's assessment. This happened because the referral information only mentioned the husband's care and support assessment. However, the complainant should still have been offered a carer's assessment as matter of routine. An apology was given, and the relevant member of staff reminded about the expectations around carer's assessments.**
- 5. A family member complained about the lack of communication from the service user's social worker about future accommodation. The social worker had also called and inadvertently upset the service user's mother despite an existing communication plan to call the family member. On investigation, it was found that the social worker had not handled matters in the way they should have done, and they were supported to learn from this episode and to improve their practice. An apology was given, and a plan put in place to address the family's concerns about future accommodation. The family member appeared satisfied with this outcome.**
- 6. A family member complained about the charges his mother was being asked to pay for a respite stay when he'd been previously been told that there would be nothing to pay; and that the care manager appeared to be avoiding his calls and emails seeking clarity about the situation. On investigation it was found that the care manager had given inaccurate information about charges and had seemingly avoided**

raising this situation with her manager after the complainant had raised his queries. An apology was given, and the member of staff spoken to about how she had responded and supported to improve her practice.

2.6 Disagreements:

- 1. A family member complained that her deceased parents (and now their respective estates) were out of pocket after paying rent on their tenancy throughout their time in a care home; and that they should have been made permanent residents. On investigation, it was found that both parents had come into care for respite that was later amended to temporary stays and that this had remained the case until both died within a short time of each other several months later. As a result of these findings, the complaint was upheld, and the estates reimbursed with an appropriate sum to reflect the monies they paid in rent. Steps were also taken to review other temporary stays to make sure this status was still appropriate.**
- 2. A family member complained that she was having to manage her husband's care package using her own resources to supplement the direct payment because his level of need hadn't been fully recognised and she had been left to get on with things. On investigation, this was found to be largely correct, and it was acknowledged that without her initiative and management her husband wouldn't have been able to live independently at home. Steps were taken to make sure the care & support assessment accurately reflected the service user's level of need, that the direct payment was able to cover all the necessary costs, and that his care package was meeting his assessed needs. An apology was given, and an appropriate financial remedy provided. To prevent recurrence, follow up work was undertaken with the relevant service areas.**
- 3. A son complained about the care and treatment his father (since deceased) had received whilst a temporary resident at a care home in addition to complaints about the involvement of adult social care. This was a long and complex investigation, and the findings were shared with the relevant senior managers for information and action as appropriate. In short, some good practice was noted, however, fault was identified in the way a Mental Capacity Act assessment was carried out in this case. In addition, the social worker's communication was found to be insensitive and unprofessional in some emails, getting names wrong on occasion. It was also found that the care home didn't provide appropriate care to the client for a number of reasons explained in detail in the findings. Several apologies were given.**

2.7 The standard of service provision:

- 1. A service user complained after agreeing that staff could help her by tidying and by removing certain items from her property before her hospital discharge. On her return home she said that she found some items left outside and ruined, some of which she had wanted to keep; some other items inside had been broken or lost; that there wasn't a**

clear pathway through the house to allow her to use her walking frame; and that she couldn't get to her clothes or access the heating system. On investigation, it was found that the list that the staff had worked to didn't clearly set out what was to be done and that the work hadn't been completed. The investigating manager discussed matters with the support planners and agreed how they would approach this kind of work in the future to avoid a recurrence of what happened in this case. In addition, an apology and a suitable financial remedy were given.

2. A daughter complained that her father had been 'kept' in a care home for much longer than was necessary before he was 'allowed' to go home. Consequently, he had a larger charge to pay for his stay than expected. She also raised several other matters related to the team and how the case had been handled and how staff had responded to her over time. On investigation, it was found that the service user was unable to make his own health and wellbeing decisions and that the daughter and other family members had a legal power to make these decisions. However, the process staff had followed to support the family to decide whether he should remain in care or go home was unnecessarily protracted. Evidence was not found to support many of the other issues raised but an apology was given for the time taken to resolve matters and the Council paid the care home fees in recognition of this. The daughter was also given assurances that several improvements had been made around Mental Capacity Act processes and procedures since the events that affected her father and the family.
3. A family member complained about several issues related to his father's care in a care home over the weekend of Storm Arwen, that he was hungry and hadn't had a bath on his return home. On investigation it was found that the staff had done as much as they reasonably could in the circumstances and overall had managed the situation well. The records showed that the service user had eaten properly but had refused all help with personal care. However, an apology was given because the family had some difficulty gaining access to the care home when they visited because the front door was not staffed as it usually would have been.
4. A family member complained about the response from adult social care when she asked for help caring for her husband after his health deteriorated. She felt that she had been left to get on with things by herself. On investigation, it was found that some immediate assistance was provided but that there was not a prompt enough follow-up to reassess the situation. An apology was given for this and assurances that the member of staff was being supported to improve their practice (as events transpired, the service user's condition improved).
5. A daughter complained that the homecare provider staff hadn't worn appropriate PPE when they visited her father; nor had they investigated properly when she raised this with them, responding back to her by text message. On investigation, it was found that staff had followed the provider's PPE procedures. In respect of the text message, it was

accepted that this wasn't an appropriate way of responding but in mitigation, the relevant member of staff had tried to call first without success. An apology was given.

- 2.8 In respect of carers, during 2021/22 the complaints team updated internal processes to make sure the senior manager who leads on carers issues is kept informed about relevant complaints from the outset.**
- 2.9 In respect of independent providers, the complaints team works closely with the contracts and commissioning team and shares all complaints and outcomes with them – this information helps inform the regular monitoring and other work that that team undertakes with providers contracted to the Council.**
- 2.10 In respect of learning from complaints decided by the Local Government and Social Care Ombudsman, one decision led to the introduction of a more formal framework for considering appeals against decisions on disability-related expenditure, to ensure that they are made in a manner consistent with the LGSCO's advice about what is legally required.**

3. Adult social care and CHC complaints looked at by the Ombudsmen

- 3.1 It is the right of all complainants to ask the appropriate ombudsman to consider their complaint at any point if they remain dissatisfied. It is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.
- 3.2 The Local Government and Social Care Ombudsman (LGSCO) considers complaints about adult social care. The Parliamentary and Health Service Ombudsman (PHSO) considers complaints about care funded by the Clinical Commissioning Group – Northumberland. Where a complaint relates to both adult social care and health, it is considered by the Joint Team.
- 3.3 Although every reasonable effort is made to resolve matters, we direct the complainant to the relevant ombudsman should they remain dissatisfied in every final complaint response letter.
- 3.4 The table below gives the numbers of investigation decisions received over the past three years. Historically, we have found that around 6 to 8 complainants ask the LSCGO to consider a complaint that adult social care has tried to resolve, although more recent analysis has suggested this average is likely to increase.

Decisions	2019/20	2020/21	2021/22	Trend
LGSCO	9	6	9	↔
PHSO	0	0	1	↑
Joint Team	0	0	2	↑
Total	9	6	12	↑

- 3.5 Over 2021/22 we received a higher than average numbers for adult social care. A rise in complaints to LGSCO is in part likely due to higher expectations of services; and in part because service users are expected to contribute (more) towards the cost of their care, and this is an underlying issue in many complaints. In addition, it can also be an indication of the quality of the relationship that the complainant has with the Council.
- 3.6 Analysis suggests that during the complaints resolution process we are able to recognise where we have got things wrong and to take appropriate remedial action. Please note that in recent years the LGSCO has changed their focus and will highlight any faults in the original case handling over how effectively we investigated and remedied the issues raised. The LGSCO is the final stage in the complaints process and there is no appeal except through judicial review.

- 3.7 We always comply with the recommendations the Ombudsman has made, to put things right for the complainant and/or to improve our services, as appropriate. The Ombudsman “has also identified that actions taken suggest a positive culture within NCC about the benefits of responding to and learning from complaints” and suggested that “NCC increasingly recognises the importance of being open and accountable” (from the Annual Ombudsman Complaint Report 2021/22 issued in July 2022).**
- 3.8 Almost all the decisions LGSCO make are available to read on their website:**
- <https://www.lgo.org.uk/information-centre/councils-performance>**
- 3.9 The following pages summarise the substantive outcomes of those Northumberland adult social care complaints considered by LGSCO in 2020/21. Please note that LGSCO made more decisions than the ones noted below, the ones not reported on are those where the LGSCO considered the complaint ‘premature’, where there was insufficient information for LGSCO to progress the complaint, or where the person requested their complaint not to proceed, for example. These decisions are not routinely shared with the Council.**

Summary of complaint	Summary of ombudsman's final decision
Adult services	
<p>19016735 Joint Working Team Mr B complains about his father's care and treatment by the Trust and the Council.</p>	<p>Mr B complains the Trust refused to detain his father, Mr C, in hospital. The Trust properly considered whether to detain Mr C. Mr B also complains the Council did not offer Mr C a placement in a care home. Mr C did not want to go into a care home but preferred to be at home with his wife. There is no fault.</p>
<p>20000293 Ms X complains about the way the Council has dealt with Ms Y's direct payment account and its decision to decline arranging a further independent audit of her account.</p>	<p>The Council is not at fault for declining to offer a further independent audit to Ms Y. The Council is at fault as its communication with Ms Y lacked clarity which caused upset to her. The Council has apologised to Ms X and Ms Y for the confusion and upset caused which is an appropriate remedy. I have therefore completed my investigation.</p>
<p>21003949 Mr X complains that works to his bathroom carried out under a Disabled Facilities Grant were of poor quality and led to problems in his home. Mr X would like the Council to redo the bathroom.</p>	<p>We have found no evidence of fault in the way the Council facilitated the works at Mr X's property or in the way it responded to Mr X's reports of defects and offered to carry out remedial works. So, we have completed our investigation.</p>
<p>20001819 Mr X complained that the Council failed to consider holiday travel</p>	<p>There was fault by the Council which caused injustice to Mr X.</p>

<p>and accommodation costs for a carer as a disability-related expense. He says this caused him an injustice because he was concerned he may not be able to go on holiday. Mr X said that he had already arranged a holiday before the Council changed its approach to charging and this has impacted him financially.</p>	<p>The Council has taken the recommended action to remedy that injustice:</p> <ul style="list-style-type: none"> • apologise to Mr X for the fault identified; • pay a modest sum to acknowledge the time and trouble caused by the need to pursue the matter with the Council; and • review Mr X's request for holiday costs for his carer to be considered a DRE.
<p>20010361 Mrs X complains the Care Provider commissioned by the Council breached social distancing and other COVID-19 precautions, acted insensitively after her relative Mrs Y's death, did not provide documents the family sought, and did not deal properly with the complaint about those matters. Mrs X says this distressed the family.</p>	<p>We shall not investigate this complaint. We would not be able to reach a clear enough view about whether any fault by the Council caused Mrs Y's death. Some points are more properly for the courts or the Information Commissioner. Other points are not in themselves significant enough to warrant investigation.</p>
<p>20012826 Joint Working Team Mrs B is complaining about the care and treatment provided to her husband, Mr B, between February and May 2020 by the Trust), the Council, and the care home.</p>	<p>We found fault by the care provider as it failed to maintain accurate and complete nutritional records for Mr B, an elderly man at risk of malnutrition. We also found fault by the Trust as staff failed to inform Mr B's family that his dentures were broken. The provider and the Trust will apologise for this fault. We found no fault by the Council in terms of the care it provided to Mr B.</p>

<p>21001784 Mr X complains the Council: a) Cancelled his care package in November 2020 and did not properly consider his needs when doing so. b) Did not put in place a care package after reinstating his care in March 2021. c) Cancelled his care package in October 2021. 2. Mr X says he has not received the care he needs, and his parents had to come and live with him to provide care and support.</p>	<p>The Council was not at fault for failing to provide care to Mr X nor for its decision to cancel his care package.</p>
<p>21016768 Miss X complains the Council failed to involve her family when it made decisions about her late father's care. Miss X says the Council has breached the family's human rights and they have been threatened with court proceedings due to unpaid care charges. Miss X says the whole incident has caused her and her family significant mental anguish and the Council has caused them unnecessary time and trouble.</p>	<p>We will not investigate this complaint about the Council's actions regarding Miss X's late father when he was in care. This is because the Council has already provided a remedy for the injustice caused to the family which goes beyond what we would usually recommend. Therefore, there is nothing further we can achieve from an investigation of this complaint.</p>

<p>21005828 Joint Working Team A Care Home Association complained about the way the Council and the CCG dealt with its complaint made on behalf of its members.</p>	<p>We did not find fault in the way the Council and the CCG considered the complaint from the Association.</p>
<p>21011466 Ms X complains the Council has failed to provide information to the public about a care service she operates in its area. Ms X says the Council has a statutory duty to make this information available.</p>	<p>We will not investigate this complaint about information the Council provides to the public about care services in its area. This is because there is no evidence of fault as the Council's actions are in line with legislation and statutory guidance.</p>
<p>21008788 On Ms X's behalf, her representative complains about the way the Council dealt with data protection issues involving Ms X's personal information.</p>	<p>We will not investigate this complaint about the Council's handling of Ms X's personal information. This is because the Information Commissioner's Office is the body best placed to deal with data protection issues.</p>
<p>C-2028442 PHSO This complaint related to an OT's judgment about the potential adaptability of a property to meet the needs of a disabled adult.</p>	<p>We have declined this complaint as it is "Out of Time" to our service.</p>

4. Adult social care enquires received in 2021/22

- 4.1 The Complaints Service also responds to a number of ‘enquiries’ from service users, carers, families, and members of the public and which relate to adult social care services.
- 4.2 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the Complaints Service provides or arranges answers or explanations to resolve the issues raised.
- 4.3 Typically, enquiries managed by the complaint service are contacts from members of the public, including the children, young people or adults who use our services, who may wish to complain but we can deal with their concerns immediately; or from people who have a specific question about our services; or from people who are not sure who to contact or who believe we are the responsible body.
- 4.4 In the course of 2021/22, 154 enquiries were recorded by the team that related to adult services.
- 4.5 The majority of these enquiries related to our services and were dealt with directly by the team. These included instances where issues could be signposted elsewhere so that the person was put in touch with expert staff. Sometimes service users contacted us to make comments or suggestions which were passed on to relevant services or used to help improve services.
- 4.6 The table below notes the enquiries received by service area:

Enquiries received	2019/20	2020/21	2021/22	Trend
Adult social care	118	96	154	↑

Enquiries by service area	2019/20	2020/21	2021/22	Trend
Care management	72	52	69	↑
Complaints team	0	0	2	↑
Continuing healthcare	1	7	11	↑
Contracts & commissioning	1	6	0	↓
Finance	9	14	17	↑
General	1	0	2	↑

Home improvement service	1	3	3	↓
Independent social care providers	6	2	11	↑
In-house residential care	0	1	0	↓
Joint equipment and loan service	5	0	0	→
Northumbria Healthcare	3	1	1	→
Occupational therapy	7	4	13	↑
Onecall	2	0	3	↑
Other NCC	0	0	3	↑
Other organisations	2	4	5	↑
Safeguarding adults	3	1	12	↑
Self-directed support team	3	1	2	↑
Short term support service	2	0	0	→
Total	118	96	154	↑

4.7 Each enquiry can take anything from a matter of minutes to several hours to complete. Many enquiries are dealt with over one to two working days.

4.8 Some enquiries contain information that was handled under the adult multiagency safeguarding procedures, especially information relating to independent providers. In these cases, we let the enquirer know that they should contact the complaints team after the safeguarding process is complete if they remain dissatisfied with the outcomes.

4.9 Analysis suggests that the increase of enquiries is related to most people making contact with the right organisation first time when they have a query

or concern. This suggests that our complaints publicity is effective. However, the increased contacts related to occupational therapy and to safeguarding suggests some people may not be sure about what to expect from these services and this issue is being picked up in the work noted in section 2.4 above.

- 4.10** Analysis also suggests that the increasing contacts relating to CHC and to finance reflects the importance of charges to families and to service users and an increased awareness of costs.

















5. Adult social care compliments received in 2021/22



- 5.1 Adult social care receives considerably more compliments from people who use our services, their carers, and families than complaints. Compliments are a way of confirming that by and large we are doing a good job.
- 5.2 Collectively, the compliments we receive are mainly about how helpful, kind, and professional staff have been; or about the quality of the services we commission or provide. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult periods of their lives, including end of life care.
- 5.3 In 2020/21 adult social care received 587 compliments from members of the public although we are very aware that staff receive kind words verbally from the people who use our services, their families, and carers on a daily basis.
- 5.4 As part of our on-going work in adult social care, to monitor how well our contracted providers are performing we ask them to report both complaints and compliments each quarter.
- 5.5 Overall, adult social care compliments have decreased over the past year although continuing healthcare compliments have increased. Analysis suggests that the overall decrease is the result of competing work priorities rather than a change in quality of services, with the staff TUPE in October 2021 and the subsequent organisational changes planned for over the latter half of the year resulting in less compliments being shared with the complaints team. Compliments reported by independent providers have, as would therefore be expected, remained more or less unaffected.
- 5.6 The table below shows the number of compliments received over the past three years:

Compliments received by	2019/20	2020/21	2021/22	Trend
Adult social care	442	536	399	↓
CHC	117	157	188	↑
Total	559	693	587	↓




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

Compliments by service area	2019/20	2020/21	2021/22	Trend
Brokerage	0	0	3	↑
Care management	110	74	36	↓

Complaints Service	3	2	1	
Enquiry referral coordinators	0	0	1	
Contracts & commissioning team	2	0	0	
Finance	5	2	1	
Home improvement service	2	0	0	
Home safe	4	8	4	
Independent providers*	145	334	286	
Independent providers**	0	0	4	
In-house day services	59	1	8	
Joint equipment and loan service	2	3	0	
Occupational therapy	24	31	27	
Onecall (single point of access)	6	22	0	
Risk & independence team	1	1	0	
Safeguarding adults' team	4	1	1	
Self-directed support team	4	1	1	
Short term support service	70	56	25	

Welfare rights	1	0	1	
Total	442	536	399	

***Reported by providers**
****Reported directly to NCC**

CHC compliments*	2019/20	2020/21	2021/22	Trend
100% NHS funded packages	48	68	93	
Part NHS funded packages	69	89	95	
Total	117	157	188	

***Reported by providers**

6. Advocacy for adult social care and CHC complainants

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

CHC complaints

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

Other information

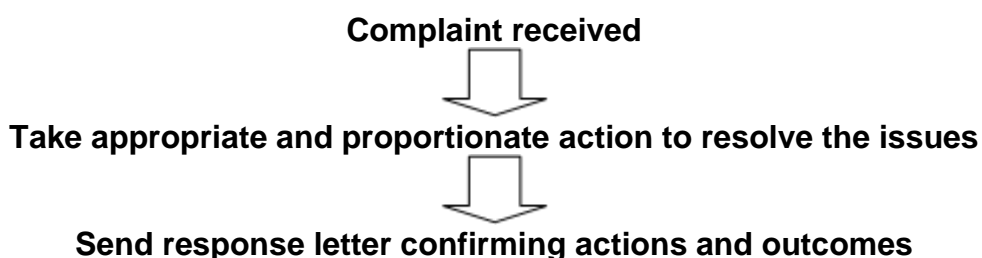
- 6.4** Over 2021/22, the Complaints Service hasn't needed to use advocacy. In respect of the CHC complaint, the offer of advocacy wasn't pursued.
- 6.5** In general terms and irrespective the different advocacy arrangements in place the Complaints Service considers how to meet the varying needs of complainants on a case-by-case basis making reasonable adjustments as appropriate. This is particularly important in relation to complainants whose first language is not English and those with communication difficulties.

7. Conclusions and future plans for adult social care complaints

- 7.1 We continue to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each family member or service user that makes a complaint, and where possible aiming to resolve things at an early opportunity.**
- 7.2 We also continue to learn lessons, to make changes to improve things for individuals and their families, and to draw on what we learn to improve our services more generally.**
- 7.3 Over the coming year, 2022/23, we will continue to deliver a framework developed to improve complaint handling. This includes considering a range of different ways to use complaints as a positive learning tool and procuring a bespoke case management system which we hope to have in place by the start of 2023. An improved range of management reports will then be available to ensure compliance with service levels whilst analysis reports will provide statistics and trend analysis to aid service improvement.**
- 7.4 We will continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.**
- 7.5 We will also continue to support managers in resolving complaints at a local level and in a timely manner by help in individual cases and complaints training as appropriate.**
- 7.6 Overall, and despite the challenges of lockdown and increased home working, we have had a positive year with many compliments received and enquiries dealt with at an early stage. We have successfully resolved most of the issues raised locally even when we have not been able to agree with the complainant's perspective. However, we always speak to people to hear their views and take their concerns very seriously. We are committed to improving our services and continue to receive support from staff and managers throughout the organisation in our day-to-day work.**
- 7.7 For further information about this report or adult social care and CHC complaints, please email the Complaints Manager for Adult Social Care Complaints james.hillery@northumberland.gov.uk**

Appendix 1: How we handle individual adult social care and CHC complaints

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



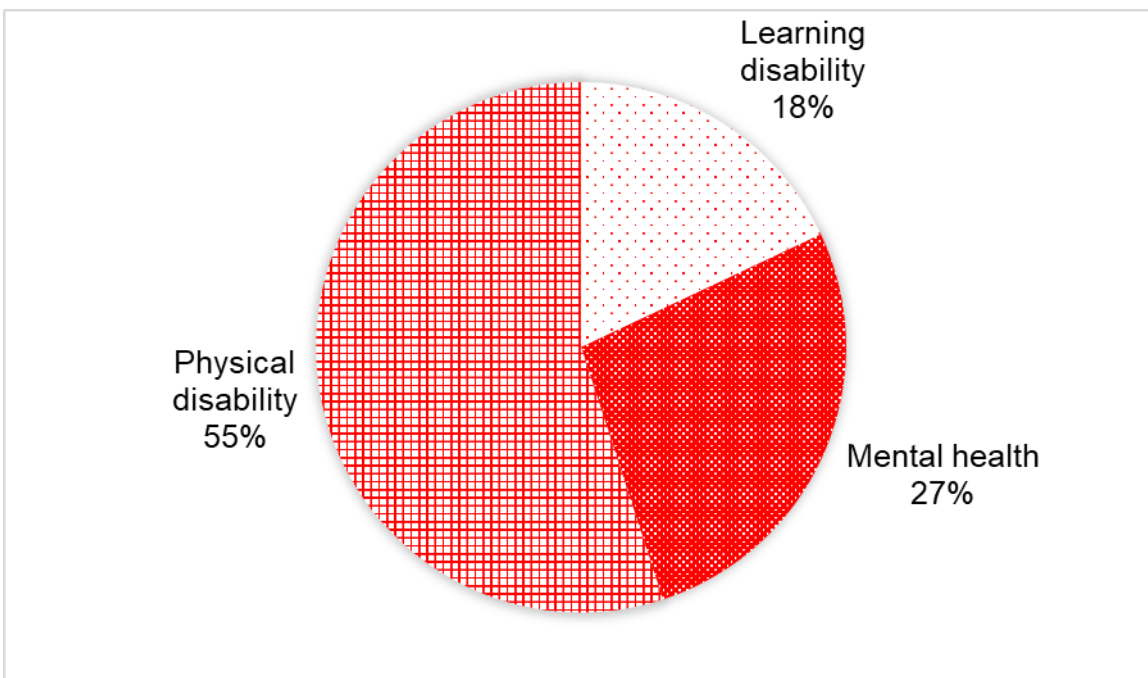
- 8.8 Apologising is usually appropriate even if only because the person feels they have had a bad experience or because they felt strongly enough about their

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

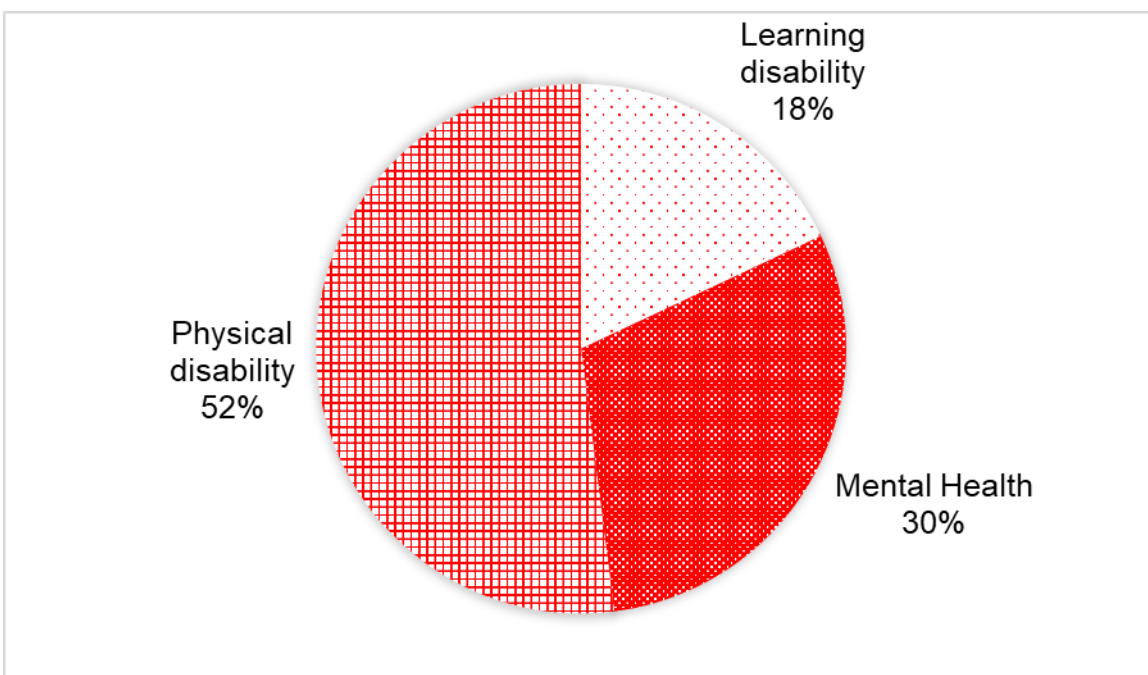
Appendix 2: Equalities Information

9.1 The following equality data is based on 55 complaints responded to over 2021/22. Please note that although 56 complaints were responded to over 2021/22, one complaint, made by a provider, did not relate to any individual service user and has been excluded. The pie charts show proportions, first by complaints, then by adult social care overall, for 'category' then 'gender'. The numbers of complaints responded to are comparatively very small and no conclusions can be drawn although we continue to monitor the situation.

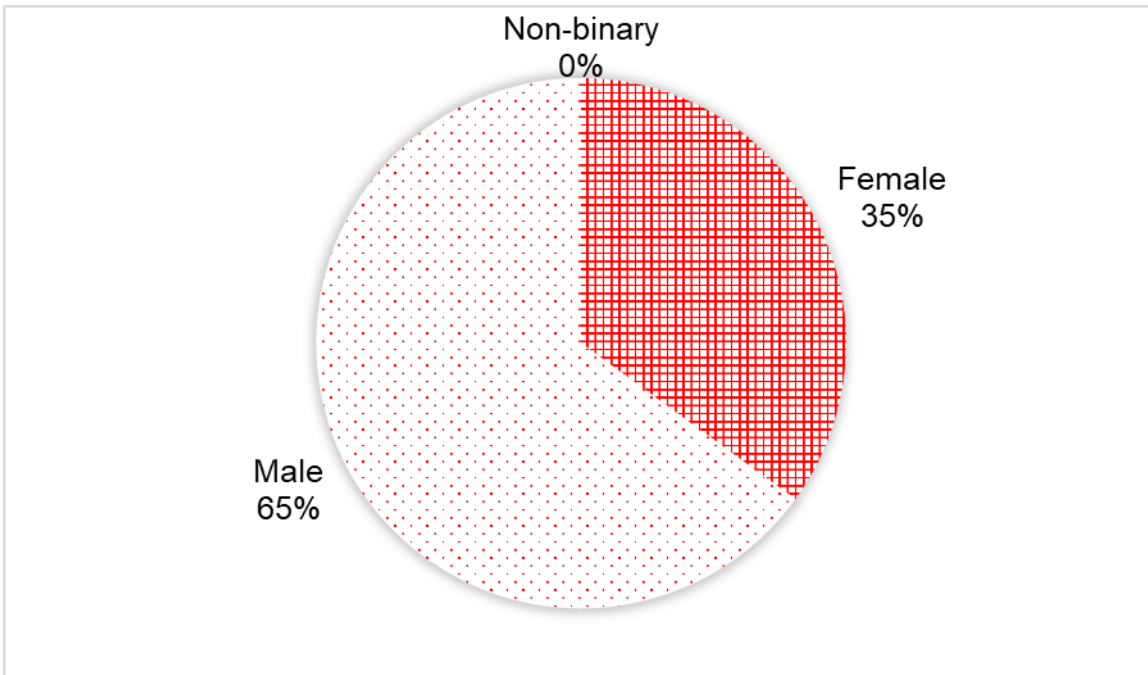
- Responded to complaints by client category



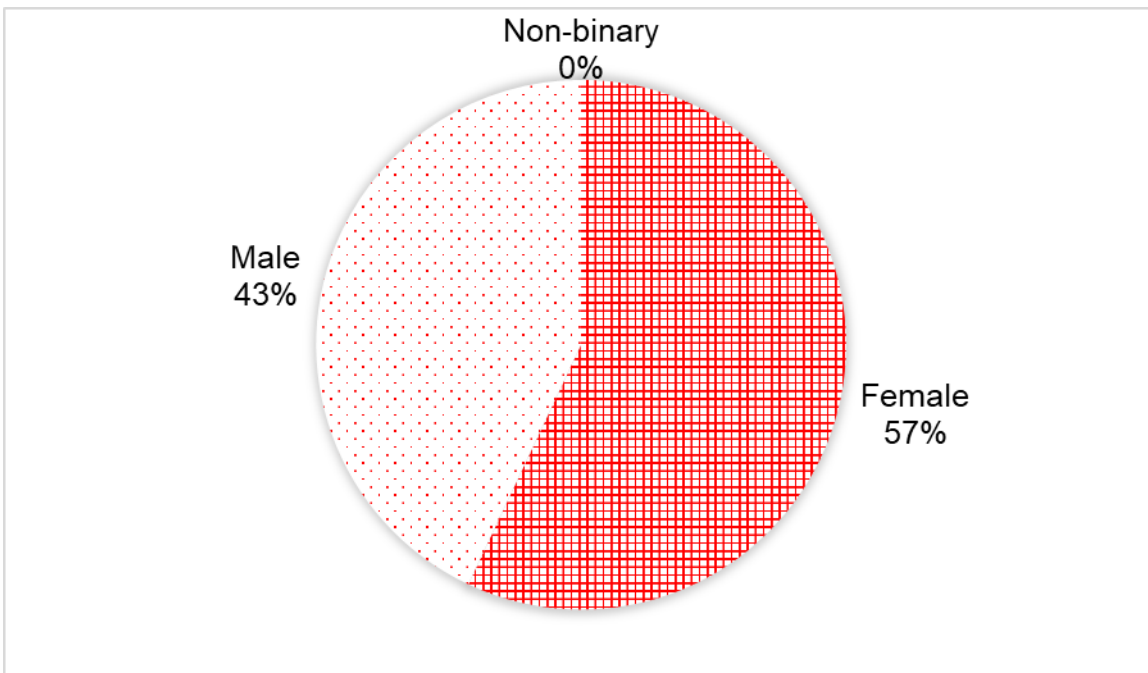
- Adult social care by client category



- Responded to complaints by gender



- Adult social care by gender



9.2 The tables below provide equalities data by ethnic group then by age, with the overall adult social care data alongside the complaints data for responded to complaints. As noted above, the numbers of complaints responded to are comparatively very small and no conclusions can be drawn although we continue to monitor the situation.

- Responded to complaints by client ethnic group

Ethnic Group (Headline categories taken from the 2011 Census)	No. of Clients (March 2021)	% of total	% in N'land Population (Census 2011)	Complaints
White	6,877	99.1%	98.4%	100%
Asian / Asian British	26	0.4%	0.8%	0%
Black / African / Caribbean / Black British	4	0.1%	0.1%	0%
Mixed / multiple ethnic groups	15	0.2%	0.5%	0%
Any other Ethnic Group	12	0.2%	0.1%	0%

- Responded to complaints by age

Age Range	No. of Clients	% of total	No. of complaints	% of total
Under 18	29	0.4%	0	0%
18-24 years	394	5.6%	3	5.5%
25-44 years	932	13.2%	11	20.0%
45-54 years	586	8.3%	5	9.1%
55-64 years	742	10.5%	6	10.9%
65-74 years	950	13.4%	7	12.7%
75-84 years	1610	22.8%	10	18.2%
85+ years	1824	25.8%	13	23.6%

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Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2022 - 2023

Page 85

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

20 September 2022 - CA

Agenda Item 9

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

Themed scrutiny:

Other scrutiny:

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 Northumbria Healthcare on their Home Care in Northumberland Strategy
1 November 2022		
Page 88	Crisis Intervention and pathways	
	Adult Social Care Market Position Statement	An outline of the social care market in Northumberland, the social care needs of the residents of Northumberland, demographic information about our population, and the type/volume of social care services the council would be interested in buying in the future in Northumberland
6 December 2022		
	Specialist Dementia Service	An update on the implementation of a Specialist Dementia Service. Decision taken by Cabinet in April 22.
	Director of Public Health Annual Report	Annual report from the Director of Public Health
	Recommissioning of an Integrated Drug and Alcohol Service for Adults in Northumberland	To seek permission from Cabinet to commission an Integrated Drug and Alcohol Service for Adults in Northumberland. This Service will

		be commissioned using the Public Health Ring-Fenced Grant. The grant conditions state that Local Authorities must improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need
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		
	Provision of Dental Services in Northumberland	An update from NHS England on dental support in Berwick and on dental service provisions in Northumberland.
4 April 2023		
Page 89	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
2 May 2023		
	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.

	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
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Northumberland County Council
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2022-2023

Ref	Date	Report	Decision	Outcome
1	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 91	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.
4	5 July 2022	Delivering on the Extra Care and Supported Housing Strategy	RESOLVED that the progress to date and future plans of the Strategy be noted.	No further action at this time.
5	5 July 2022	Improving Access Project Feedback – GP Access	RESOLVED that the: a) presentation and comments made be noted. b) the Scrutiny Officer contact Members of the Health and Wellbeing Overview and Scrutiny	Cllr Kath Nisbet was appointed as the representative on the GP Access Working Group.

			Committee to seek nominations to sit on the GP Access Working Group.	
6	6 September 2022	Provision of Dental Services in Northumberland	<p>RESOLVED that:</p> <ul style="list-style-type: none"> a) the presentation and information detailed be noted, and b) an update on the provision of NHS dental services be provided in six months' time. 	An update on the provision of NHS dental services be provided in six months' time.
7	6 September 2022	Northumberland Inequalities Plan 2022 - 2032	RESOLVED that the recommendations detailed within the report to be considered by the Health and Wellbeing Board at its meeting on 8 September 2022 be supported.	No further action at this time.
Page 92	6 September 2022	Proposals for the allocation of the Public Health ringfenced grant reserve.	<p>RESOLVED to recommended that Cabinet:</p> <ul style="list-style-type: none"> a) Approve the allocation of funding from the Public Health reserve as proposed in this report. b) Delegate to the Director of Public Health the precise expenditure of the funding set aside to address issues around poverty. 	No further action at this time.
9	6 September 2022	HealthWatch Northumberland Annual Report	RESOLVED that Healthwatch Northumberland Annual Report for 2021-22 be received.	No further action at this time.