

# Public Document Pack



## Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

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

**Tel direct:** 01670 622606

**Date:** 24 November 2022

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE** to be held on **TUESDAY, 6 DECEMBER 2022 at 1.00 p.m.** in the **Council Chamber, County Hall, Morpeth, NE61 2EF.**

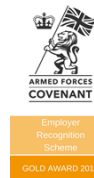
Yours faithfully

Rick O'Farrell  
Interim Chief Executive

**To Members of the Health and Wellbeing OSC**



**Rick O'Farrell, Interim Chief Executive**  
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## AGENDA

### PART I

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

#### 1. APOLOGIES FOR ABSENCE

#### 2. MINUTES

(Pages 1  
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 2 November 2022, as circulated, to be confirmed as a true record and signed by the Chair.

#### 3. DISCLOSURE OF MEMBERS' INTERESTS

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

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

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

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

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

e. Where Members have or a Cabinet Member has an Other Registrable Interest or Non Registrable 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](mailto:monitoringofficer@northumberland.gov.uk). Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

- 4. FORWARD PLAN** (Pages 7 - 12)

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 13 - 28)

The minutes of the Health & Wellbeing Board held on 8 September 2022 and 13 October 2022 are attached for the scrutiny of any issues considered or agreed there.
- 6. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES** (Pages 29 - 40)

**Drug and Alcohol Treatment and Recovery Service for Northumberland – Permission to Tender**

The purpose of this report is to outline the need to provide a drug and alcohol treatment and recovery service as part of the Council’s statutory public health functions, and to seek permission to proceed with a formal tender exercise. The report will be considered at the Cabinet meeting of 10 January 2023.
- 7. HEALTH AND WELLBEING OSC WORK PROGRAMME** (Pages 41 - 48)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2022/23.
- 8. 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.
- 9. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for **Tuesday, 10 January 2023 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.

<b>Name:</b>		<b>Date of meeting:</b>	
<b>Meeting:</b>			
<b>Item to which your interest relates:</b>			
<b>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):</b>			
<b>Are you intending to withdraw from the meeting?</b>		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
<b>Employment, office, trade, profession or vocation</b>	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
<b>Sponsorship</b>	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.
<b>Contracts</b>	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.
<b>Land and Property</b>	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.
<b>Licenses</b>	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
<b>Corporate tenancies</b>	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.
<b>Securities</b>	Any beneficial interest in securities* of a body

	<p>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"> <li>i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or</li> <li>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.</li> </ul>
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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

You have a personal interest in any business of your authority where it relates to or is likely to affect:

- 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
  - 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)



## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Thursday, 2 November 2022 at 1.00 p.m. at County Hall, Morpeth.

#### PRESENT

Councillor V. Jones  
(Chair, in the Chair)

#### MEMBERS

Bowman, L.  
Dodd, R.R.  
Hardy, C.

Hill, G.  
Wilczek, R.

#### ALSO IN ATTENDANCE

Angus, C.  
Castles, L.  
Curry, A.  
Todd, A.

Scrutiny Officer  
National Management Graduate Trainee  
Senior Manager - Commissioning  
Democratic Services Officer

#### 39. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, C. Humphrey, I. Hunter and K. Nisbet.

#### 40. MINUTES

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

#### 41. FORWARD PLAN

The Committee were advised that a copy of the Forward Plan was to be circulated following the meeting.

**RESOLVED** that the Forward Plan be noted.

#### 42. HEALTH AND WELLBEING BOARD

**RESOLVED** that the minutes of the Health & Wellbeing Board held on 8 September 2022 be noted.

#### **43. REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES**

##### **Adult Social Care Market Statement Position Statement**

The report sought to review the Adult Social Care Market Position Statement for 2022. The report was due to be considered by Cabinet on 17 November 2022. (A copy of the report has been filed with the signed minutes).

A. Curry, Senior Manager - Commissioning introduced the report and stated that the Council had a statutory duty to shape the care market in their area for both the local authority commissioned and the private market. The Market Position Statement helped local authorities to fulfil this duty.

Members were advised that the Market Position Statement was to provide market intelligence to existing and potential providers. It contained information on current demand and supply, the key issues in the market and what business opportunities may be available. The Market Position Statement was last published in 2019, prior to the Covid Pandemic, and therefore needed to be updated to reflect the current situation. The social care sector was significantly impacted by the pandemic, and this was reflected in the updated document.

It was advised that the key messages to the market were highlighted in the document and included:

- There was currently no evidenced demand for any additional residential care home capacity for either older people or people with learning disabilities, autism and/or mental health conditions. This was being monitored due to the pressures on some health and social care services which made it difficult to confidently predict future demand.
- There had been an increase in the number of Homecare packages, which care providers were having difficulty in fulfilling due to workforce shortages.
- Adult Social Care would continue to focus on developing more housing schemes which could support people to remain as independent as possible, particularly older people, and reduce the number of people needing care home accommodation.
- The difficulty of recruiting and retaining social care staff was impacting the Council's ability to be able to support older and vulnerable residents. Cabinet at its meeting on 11 October 2022 received proposals for additional measures to assist with some of these issues.
- Adult Social Care, in partnership with care providers, want to explore the use of digital technologies that could play an active role in frontline care delivery.

Members made a number of comments and responses were provided, including:

- Members discussed a recent press article where it was reported that Care North East, which represented some care home providers in Northumberland, warned that the industry was on the brink of collapse. Members were deeply concerned about this report and suggested that a representative attend a future meeting to explain their concerns to councillors.
- Members were advised that there was no evidence or indicators to support Care North East claim but the Council had arranged to meet them to discuss.
- The Market Position Statement highlighted the priorities and gave a sense of direction for care and support in Northumberland, and highlighted potential business opportunities during a time of uncertainty and significant change.
- It was reported that the area of most concern to the Council was Home Care.
- The Council had responded to workforce issues in Homecare by increasing fee levels to enable providers to pay care staff the Real Living Wage rather than the National Wage.
- The Council wanted to continue to attract providers to Northumberland and help work in partnership to develop the market.
- Research by Laing Buisson had shown demand for care homes had been declining at the same time as the population of over 65 years had increased. However, the demand for supported independent living for older people had increased.
- Job fairs to attract people into the caring profession had been planned with one scheduled at County Hall in January.
- The Market Sustainability Fund will be used to help the workforce with fuel costs.
- Confirmation of the evidence and data used regarding demand and predicted future demand of services.
- The need to promote the care market offer to residents before they needed to access services.
- The expectations about what service users wanted from services were changing.
- The complexity of delivering services in both rural and urban areas of the county.
- The models of care needed to be explained fully to the public for them to understand the services available.
- Confirmation that through various partnership work vulnerable people were identified and help and support provided accordingly.
- It was welcomed that unpaid carers positive contribution as an integral part of the health and social care system was recognised within the position statement.
- Day Services were a vital service not only for residents but also carers. However, the older population increasingly wanted activities that engaged their mind and had a purpose and outcome, not just something

to do to pass the time. It was hoped that the market would respond and ensure clients were given maximum opportunities, ensure clients were engaged and learn new skills and had measured outcomes linked to the adult social care day service.

- The Council wanted to ensure the provision of better housing choices for older people and vulnerable groups, whatever their requirements, including homes that were adaptable to needs over their lifetime and set within accessible 'lifetime neighbourhoods' that were well-designed places suitable for all people regardless of their age or disability.
- There was not enough supported housing available in Northumberland to meet the needs of an aging population. The cost of developing specialist supported housing for older people was higher than developing in general needs, which could make the ongoing rental unaffordable for many people. In most developments public subsidy in the form of Homes England Grant was needed to reduce rent levels to ensure affordability for a wider range of older people.
- The Council would continue to work with market providers to bring about innovation solutions to develop and bring forward new models of care and support.
- The need for services to be flexible in order to evolve and meet future needs. One way of carrying out this was to explore the use of digitisation and technology in delivering services.
- The availability of domiciliary care in rural areas of the county was discussed.
- There had been an increased request for Direct Payments to employ Personal Assistants. The Council was in dialogue with another authority to explore possible other initiatives in this area.
- If any provider was experiencing any difficulties, there were mechanisms in place to help in some circumstances. It was hoped that all providers felt that there was help, support and guidance available from the Council.
- The Council adopted the current Extra Care and Supported Housing Strategy in 2018 setting out the aim to increase the level of supported accommodation available. Since then, the Council had been working with partners to bring forward developments to offer independent supported living to adults with a care and support need. A number of schemes were in various stages of development. Regarding the Berwick scheme it was hoped to find a new provider to help kick start the development following the news that the previous provider had withdrawn their plans.
- The need to be innovative and future thinking to ensure the adult social care market in Northumberland continued to be fit for purpose.
- Northumberland was an attractive county to retire, and it was hoped providers would continue to want to invest here.

Officers thanked A. Curry for attending the meeting and providing detailed responses to Member questions.

**RESOLVED** to recommend that Cabinet agree to publish the Market Position Statement.

**44. 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).

Members requested than an invitation be extended to Care North East to attend a future meeting of the Health and Wellbeing OSC to talk about their concerns about the care sector.

**RESOLVED** that the work programme and comments made be noted.

**45. DATE OF NEXT MEETING**

**RESOLVED** that:

- (a) the next meeting has been scheduled for Tuesday, 6 December 2022 at 1.00 p.m.
- (b) the January 2023 meeting be rescheduled to accommodate the Christmas break.

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

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

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## Forward Plan

### FORTHCOMING CABINET DECISIONS DECEMBER 2022 TO MARCH 2023

DECISION	PROPOSED SCRUTINY DATE	CABINET DATE
<p><b>Council Tax Base 2023/24</b>                      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)</p>	<p>Corporate Services and Economic Growth OSC                      12 December 2022</p>	<p>13 December 2022</p>
<p><b>Council-owned Company Governance Framework</b>                      The purpose of the report is to propose a Council-owned Company Governance Framework to ensure a consistent approach and set of considerations are made to the governance arrangements for existing, or in the establishment of, companies wholly or partly owned by Northumberland County Council (NCC).                      (G. Sanderson/S. McMillan – 07814298052/W. Thompson - 07929 836 782)</p>		<p>13 December 2022</p>
<p><b>Financial Performance 2022-23 - Position at the end of September 2022</b>                      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)</p>	<p>N/A</p>	<p>13 December 2022</p>

<p><b>Reserved Matters Consent for Advance Northumberland Ltd</b>  The purpose of the report is to consider and approve request by the Board of Advance Northumberland for Reserved Matters Consent, as required under the Articles of Association of the Company following its consultation on the proposed NCC Company Governance Framework.  (R. Wearmouth//S. McMillan – 07814298052/W. Thompson - 07929 836 782)</p>		13 December 2022
<p><b>Trading Companies' Financial Performance 2022-23 - Position at the end of September 2022</b>  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>	Corporate Services and Economic Growth OSC 12 December 2022	13 December 2022
<p><b>Budget 2023-24 and Medium-Term Financial Plan 2023-27</b>  This report will provide 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 will also detail the budget proposals for 2023-24 to meet the budget gap and provide an update on the Local Government Finance Settlement 2023-24 if it has been received.  (R. Wearmouth/A. Elsdon – 01670 622168)</p>	CSEG OSC 16 January 2023	17 January 2023
<p><b>30 Year Business Plan for the Housing Revenue Account</b>  The report presents to Cabinet the 30 year Business plan for the Housing Revenue Account.</p>	CSEG OSC 9 January 2023	17 January 2023



(R. Wearmouth/A. Elsdon – 01670 622168)		
<p><b>Notification of the Estimated Collection Fund Balances 2022-23 – Council Tax and Business Rates</b></p> <p>The report will advise members of the estimated surplus or deficit balances on the Collection Fund in relation to Council Tax and Business Rates at 31 March 2023. The Local Government Finance Act 1992 (as amended) requires the Council as the Billing Authority to calculate a Council Tax Collection Fund estimate by 15th January each year. The Non-Domestic Rating (Rates Retention) Regulations 2013 require the Council as the Billing Authority to calculate a Business Rates Collection Fund estimate on or before 31<sup>st</sup> January each year.</p> <p>(R. Wearmouth/A. Elsdon – 01670 622168)</p>	N/A	17 January 2023
<p><b>Recommissioning of an Integrated Drug and Alcohol Service for Adults in Northumberland</b></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.</p> <p>(W. Pattison/John Liddell M: 07929 775559)</p>	H&W OSC 6 December 2022	17 January 2023
<p><b>Budget 2023-24 and Medium Term Financial Plan 2023-27</b></p> <p>The report presents the updated Budget 2023-24 and</p>	Corporate Services and Economic Growth OSC	14 February 2022 Council 22 February 2022

<p>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>13 February 2022</p>	
<p><b>Produced in Northumberland Scheme</b> An update on the status of the Produced in Northumberland Scheme. A review of the scheme in 22-23 together with the intended further promotion and development of the scheme in 2023/24 (C. Horncastle/P. Simpson – 07920806260).</p>		<p>14 February 2023</p>
<p><b>Revenues and Benefits Policies for 2023/24</b> The report sets out the policies that the Revenues and Benefits services operate for the administration of council tax, business rates, housing benefit and council tax support. The report is for information and approval of any updates or legislation changes that need to be made. The policies need County Council approval on 22 February 2023. (R. Wearmouth/G. Barnes 01670 624351)</p>	<p>Corporate Services and Economic Growth OSC 13 February 2022</p>	<p>14 February 2022 Council 22 February 2022</p>
<p><b>Financial Performance 2022-23 - Position at the end of December 2022</b> The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 December 2022. (R. Wearmouth/K. Harvey - 01670 624783)</p>	<p>N/A</p>	<p>14 March 2023</p>
<p><b>Homelessness and Rough Sleeper Strategy for Northumberland 2022</b></p>	<p>Communities and Place OSC 8 March 2023</p>	<p>14 March 2023</p>

<p>The report provides Members with the draft Homelessness and Rough Sleeper Strategy 2022-2026 for review and agreement (C. Horncastle/J. Stewart - 07771 974 112)</p>		
<p><b>Financial Performance 2022-23 – Position at the end of March 2023 (Provisional Outturn)</b> 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)</p>	<p>N/A</p>	<p>9 May 2023</p>

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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, 8 September 2022 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Anderson, E. (substitute)	Pattison, W.
Bailey, M.	Reiter, G.
Blair, A.	Sanderson, H.G.H.
Bradley, N.	Syers, G.
Lothian, J.	Taylor, M.
Mitcheson, R.	Travers, P.
O'Neill, G. (substitute)	Watson, J.

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Service Officer
A. Everden	Public Health Pharmacy Adviser
P. Lee	Public Health
D. Nugent	Healthwatch Project Co-ordinator

#### 84. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. Lamb, P. Mead, L. Morgan, D. Thompson and Councillor G. Renner-Thompson.

#### 85. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 11 August 2022, as circulated, be confirmed as a true record and signed by the Chair.

#### 86. NORTHUMBERLAND INEQUALITIES PLAN 2022-23

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.

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
  - 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 are 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.
  - Present to the Health & Wellbeing Board on an annual basis their continued commitment to the inequalities 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:-

- It was noted that further references to the involvement of the VCSE sector should be made in the report and this would be discussed outside the meeting.

- It was planned to widen the membership of the Health & Wellbeing Board to include other organisations that were not necessarily health care related – eg business / private sector.
- It was important the Board Members and their respective organisations committed to the Inequalities Plan.
- It was hoped that life expectancy of Northumberland residents would increase as a result of the Inequalities Plan.
- How would this work be followed up and built on to ensure there was meaningful activity for General Practice and community pharmacies? The Public Health Team would be happy to work alongside practice to ensure the plan's actions were real and tangible.
- There would be different starting points for communities as they all had differing needs. Neighbourhood communities would be built on over the next few years.

## **RESOLVED**

- (1) the proposals for the shorter term supporting and enabling actions be agreed.
- (2) The proposed short, medium and long term indicators be agreed.
- (3) The levels of ambition and Board members' contribution to the plan be agreed.
- (4) The mechanism to continue to the next stage and development the long term plan be agreed
- (5) Board partners will present the plan at a strategic level within their own organisation for endorsement and agreement on their contribution.

## **87. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) CONSULTATION REPORT**

Members received an update on the consultation process and were asked to approve the final Pharmacy Needs Assessment (PNA) which had been updated as a result of comments received during the consultation.

Anne Everden, Public Health Pharmacy Adviser, updated Members as follows:-

- A formal consultation process had taken place with 12 written responses being received. Healthwatch had carried out a public engagement exercise which attracted 665 responses, providing a good overview of what the public's views were.
- Healthwatch had concentrated its efforts in areas where there had been a decrease in the number of pharmacies, for example, Alnwick, Hexham, Morpeth, and Blyth. Responses had been received from all over Northumberland.
- Concerns expressed by the public were busier pharmacies, longer queues, shortage of medicines, inconvenient opening hours.

- An issue had been identified at Alnwick, where there was no pharmacist on duty over the lunchtime period which caused issues for rural communities which were dependent on bus services to come to the town. This issue had been investigated further and Senior Managers at Boots had now agreed to recruit more pharmacists to prevent this issue happening again.
- Following the responses to the official consultation, several factual inaccuracies in the draft had been corrected. Every comment made had been taken into account

The following comments were made:-

- There was concern about the use of online pharmacies which could undermine local pharmacies. There was the added risk to patients who would not be able to seek advice on taking their medicines and also not be able to get their prescriptions quickly.
- It appeared that, despite the pandemic, there had not been a general move towards use of online pharmacies and that people valued their local pharmacies. There were still many pressures on community pharmacies and it was expected that there would be closures in the future. Consolidations of pharmacy services had to come to the Health & Wellbeing Board to be approved. If a pharmacy went out of business, the Health & Wellbeing Board could declare a gap in service and be reviewed on how to resolve.
- There was an issue with some Tesco stores closing their pharmacies on a temporary basis. This could cause a problem in some rural areas where there was a need for this out of hours service – to keep an eye on the situation.
- The PNA must be a living document and work was already under way to address the needs of the change to the GP contract which required them to provide services over a longer period.

**RESOLVED** that the updated Northumberland Pharmacy Needs Assessment be approved.

## 88. FAMILY HUB DEVELOPMENT

Members received an update in relation to DfE funding for Family Hub developments in Northumberland.

Graham Reiter, Service Director Children's Social Care and Interim DCS, updated Members as follows:-

- There was a clear link with the Inequalities Plan
- The development of Family Hubs arose from the national Best Start in Life initiative. Northumberland benefited from a strong early help offer which had been developed over the years and was based around existing children's centres. This work had been going on for some time and provided a strong basis to develop a partnership with the Family Hub offer.



- Significant funding had been obtained for the next three years to support and enhance the development of the Family Hubs.
- Developments were being based around the existing Children's Centres and were integrating partnership working across the county. Co-locating partner agencies in existing children's centres and where these estates did not exist, virtual, coordinated and co-location links being made to enable a comprehensive offer over the county to develop partnerships in a consistent way.
- It was aimed to identify needs as early as possible and provide whatever support was needed and to prevent escalating to statutory or higher level services unnecessarily.
- There was a need to sign up promptly. Strategic governance would be through the Director of Public Health supported by the Director of Children's Services. Agreement from political leaders had already been sought and agreed.
- Other activities included integrating adults and children's safeguarding partnership work, and children and young people strategic partnership work, and trying to map governance arrangements to avoid duplication.
- Family Hubs would be overseen by the Children and Young Peoples' Partnership with a formal link into the Health & Wellbeing Board.
- There had to be evidence of how services were being enhanced and not just replacing services that already existed and show impact and improvement.

## **RESOLVED**

- (1) to proceed with the funding for the Family Hub offer.
- (2) the development of the governance and wider processes to underpin this be supported.

## **89. HEALTHWATCH ANNUAL REPORT 2021-22**

Members received the Healthwatch Annual Report 2021-22 and a presentation from Derry Nugent, Project Co-ordinator of Healthwatch.

- All Local Authorities were required to have a Healthwatch function and Northumberland County Council was very committed to the Healthwatch function.
- 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. For example, the data showed

that there was a pharmacy in Alnwick but did not show that it was not open at lunch time and so was not convenient for the user.

- 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.
- 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. All Members of the Health & Wellbeing Board had been invited to attend. Keynote speakers would be Rachel Mitcheson and Neil Bradley. In addition, students from the college who were studying health and social care would attend and be explaining why they had made a positive choice to pursue this career.

The Chair thanked Derry Nugent for the interesting and informative report and presentation.

**RESOLVED** that the report and presentation be received.

## **90. HEALTH AND WELLBEING BOARD FORWARD PLAN**

Gill O'Neill, Interim Deputy Director of Public Health, referred to the Board Development session where the strategy was reviewed and identification of Executive Sponsors for each of the four thematic groups was underway as well as the Member sponsors. This would be reported on at the October meeting along with how all four themes would be brought into the Forward Plan.

**RESOLVED** that the Forward Plan be noted with the addition of the above item.

## **91. URGENT BUSINESS**

The Chair reported that he had been made aware of the following two items and agreed that they be raised as items of urgent business.

### **Membership and Vice-Chair of the Health & Wellbeing Board**

The Chair reported that following the feedback from the Development Session it was suggested that the membership of the Health & Wellbeing Board be broadened to include a representative of both Northumbria Police and the Fire & Rescue Service.

The Vice-Chair of the Health & Wellbeing Board was required to be the Clinical Chair of the CCG. However, this post no longer existed following the recent restructuring. In order to maintain stability, it was proposed that Dr. Graham Syers remain as Vice-Chair for the foreseeable future as a Northumberland clinical leader.

**RESOLVED**

- (1) that Northumbria Police and the Fire & Rescue Service be invited to each send a representative to join the Health & Wellbeing Board.
- (2) Dr. Graham Syers remain as Vice-Chair of the Health & Wellbeing Board until further notice.

**92. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 13 October 2022, at 10.00 a.m. in County Hall, Morpeth.

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

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

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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, 13 October 2022 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	Pattison, W.
Blair, A.	Sanderson, H.G.H.
Boyack, J.	Syers, G.
Bradley, N.	Thompson, D.
Lamb, S.	Travers, P.
Morgan, L.	Wardlaw, C.

#### IN ATTENDANCE

A Bell	NENC ICB Northumberland
L.M. Bennett	Senior Democratic Services Officer
D. Cummins	NENC ICB Northumberland
R. Hay	NENC ICB Northumberland
P. Lee	Public Health Consultant
C. Lynch	NENC ICB Northumberland

#### 93. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Reiter, P. Mead, R. Mitcheson, H. Snowden, M. Taylor, C. Wheatley, Councillors G. Renner-Thompson and E. Simpson.

#### 94. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 8 September 2022, as circulated, be confirmed as a true record and signed by the Chair.

#### 95. NORTHUMBERLAND HEALTHY WEIGHT DECLARATION

Members were asked to consider adoption of the Healthy Weight Declaration and how it could contribute towards ongoing work within Northumberland using Whole Systems approach to support healthy weight.

Liz Morgan, Interim Executive Director of Public Health and Community Services, presented the report. The Healthy Weight Declaration was being progressed jointly with North Tyneside Council and Northumbria Healthcare NHS Foundation Trust. It aimed to raise awareness of healthy weight and it was known that unhealthy weight and obesity was becoming an increasing issue especially in children. Members' support for the Healthy Weight Declaration was sought and it would act as a launch pad for a range of activities across the whole of the system over the next few years. Prior to the pandemic, work had been ongoing to support a whole system approach to healthy weight and this was a good opportunity to continue this work and make an impact.

The following comments were made:-

- Activity would be focused on childhood obesity as overweight children tended to become overweight adults. The focus on children would be part of the best start in life approach and the importance of focusing on children and their families at the earliest possible stage. There would be engagement with the Education Department to see what could be done within the school environment.
- There was a close link to the current cost of living issue with some families having to spend a considerable part of their budget on providing a health plate for their families. This was not sustainable for many families.

**RESOLVED** that

- (1) the Healthy Weight Declaration (and its 16 commitments for action) for Northumberland County Council be adopted.
- (2) A joint launch of the Healthy Weight Declaration between Northumberland County Council, North Tyneside Council and Northumbria Healthcare NHS Foundation Trust be supported.

## **96. NORTHUMBERLAND JOINT STRATEGIC NEEDS ASSESSMENT**

Members were informed of the proposed process to refresh the Joint Strategic Needs Assessment (JSNA) and received an update on progress from Pam Lee, Public Health Consultant.

The newly created webpage on the Northumberland County Council website was displayed for Members' information prior to going live to the public. Pam Lee explained that, in order to provide some structure and to refresh the JSNA, it was proposed to create a Steering Group. This would include refreshing the Joint Health & Wellbeing Strategy by working through other plans such as the Inequalities Plan and taking into account the cost of living crisis.

The Officer Steering Group would determine the priorities for the JSNA, which areas would be worked on and in which order, as well as taking ownership of the recommendations and actions. It would come back to the Health & Wellbeing Board if an action needed to be escalated. Within the JSNA framework, assets were referred to but this was not explicit in the title. The JSNA would, therefore,

now be known as the Joint Strategic Needs and Assets Assessment. Other important documents such as the Inequalities Plan and Pharmaceutical Needs Assessment would also be linked via the webpage.

Members welcomed the report and the website which it was hoped would go live to the public later in the day.

**RESOLVED** that

- (1) The JSNA should include both needs and assets to reflect the Northumberland Inequalities Plan 2022-32.
- (2) The establishment of a JSNA Steering Group to co-ordinate current work attached to the report as Appendix 5 be agreed.
- (3) the priorities and timelines as attached to the report as Appendix 5 be agreed.

## **97. POPULATION HEALTH MANAGEMENT UPDATE**

Members received a Population Health Management update from David Cummins and Alan Bell, NENC ICB Northumberland Place.

The following key issues were raised:-

- The seven Primary Care Networks in Northumberland had each identified a project(s) which they would be focus on. These included child poverty, obesity, smoking and cancer.
- In areas of the South East of Northumberland, there were significant levels of inequalities, deprivation and low income. For example, average household income after tax in Morpeth was £44,000 compared to £26,000 in Ashington. There were big gaps in life expectancy for both men and women between different parts of the county.
- PCN population health management projects were detailed as follows and each was assigned a Public Health Consultant
  - **Cramlington/Seaton Valley** – Chronic disease/depression. 100-150 patients aged 35-65 living within the most deprived decile and suffering with depression and CVD/COPD would be invited to be part of the project.
  - **Valens** – Frequent Flyers (High Intensity Users) – 433 patients with 10+ GP appointments in the last 12 months. Provide with bespoke intervention such as links with local pharmacies and practice nurse etc.
  - **Wansbeck** – Child Poverty – Hotspots in Hirst and Ashington Central and focus on 15 patients aged 11-12). Child poverty in Wansbeck 26% compared to the national average of 17%. Multiple stakeholders including Cygnus Support, local regeneration groups, safeguarding team and CAB.

- **Well Up North** – Obesity – Targeting parents of children in top 20% of weight. Workshops with stakeholders had been held. Referrals from Health Visitors, school nurses, early years settings, GPs etc.
- **Northumbria** – Smoking/Cancer – Focus on deprived areas of Cramlington and variable uptake of cancer screening. Hope to identify a vulnerable cohort for the project.
- **West** – Alcohol Identification and Brief Advice – Focus on 30-60 patients with BMI of 30+ and anxiety. Cohorts less likely to be asked about alcohol to be identified. Include Mental Health practitioners and include the Northumberland Recovery Project.
- **Blyth** – A&E attendances (0-4 years). There had been a significant increase in the number of A&E and Urgent Care attendances. Focus on Cowpen and Kitty Brewster which had the highest rates. Engaging with families to find why they are using A&E and using Healthwatch to survey families. Secondary focus on childhood obesity
- Common themes running throughout the projects were data sharing/access to data/analysis of data/complexity and engagement. It was hoped to get data sharing agreements in place.
- Next steps and conclusions
  - Wide range of projects which support the inequalities agenda
  - PCN workshop planned for October with an opportunity to share initial learning
  - Importance of long-term data sharing agreements/MOUs between all health and care providers.

The following comments were made:-

- Patient Participation Groups could have an important role in engagement within each PCN. Their involvement would be raised with the leader of each project. Within the Valens PCN, there was a move towards the PPG changing its focus to health inequalities
- It was important that this work along with the Health Inequalities Plan dovetailed and that neither went off at a tangent.
- Many of the projects aligned closely with thematic leads within the restructuring and remodelling of the 0-19 service. Key posts would be appointed to including a community anchor post which would develop partnerships and ensure strong links with all partners. There needed to be a single point of contact within the 0-19 service.
- Monitoring progress was important, and the Health & Wellbeing Board was the ideal body to do this. Remaining focused on the issues in hand was vital.
- Work was already ongoing regarding the low level of uptake of benefits and helping individuals to make claims. It was hoped that benefit advisers would have a presence in GP surgeries.
- Childhood obesity was a very complex area.
- Data sharing issues were currently hindering the projects and it was a tricky problem to resolve. A solution would be found with support from all involved.



The Chairman thanked Alan Bell and David Cummins for their presentation.

**RESOLVED** that

- (1) the presentation be received
- (2) regular updates be received every three months.

## **98. LIVING WITH COVID**

Members received a verbal update from Liz Morgan and an update on the covid and flu vaccination programme from Richard Hay and Claire Lynch, NENC ICB Northumberland.

Liz Morgan raised the following key points:-

- ONS data for the week ending 24 September 2022 showed that prevalence in England and Northern Ireland had risen from 1:65 to 1:50.
- Prevalence was highest in the North East in primary age children, the over 35s and over 70s.
- Although there were a few variants in circulation it was likely that the increases were due to waning immunity and behavioural factors such as spending more time indoors.
- Australia had suffered its highest level of flu cases compared to recent and pre-pandemic years and the flu season had started earlier in May/June.
- It was hoped to avoid concurrent peaks in both flu and Covid.
- The important message was to encourage everyone to have a vaccination as it was the best way to reduce the risk of Covid. If symptoms developed, then people should stay at home if they could. 'Hands Face Space' remained an important message.
- The Northumbria Healthcare NHS Foundation Trust currently had 84 positive inpatients and two in ITU. Most patients had been admitted with Covid rather than because of it.
- 1% of staff sickness was due to Covid which created logistical issues such as cancellation of operations and other pressures. There was not the depth of statistics that had been available previously.

Richard Hay and Claire Lynch, NENC ICB, updated Members on the current vaccination programmes and raised the following key points:-

### **Covid and Flu Vaccination Programmes**

#### **Covid**

- The two vaccination programmes were running alongside each other but remained separate.
- The Covid booster programme had begun in early September at 21 designated sites in Northumberland and was starting by prioritising the most vulnerable residents. Eligible cohorts were
  - Residents and staff in care homes for older adults

- Frontline health and social care workers
- All adults aged 50 and over
- Persons aged 5-49 in a clinical risk group or who are household contacts of people with immunosuppression
- Persons aged 16-49 who were carers.
- Vaccination sites comprised PCN centres, community pharmacies, the hospital hub, a roving vaccine unit, the school immunisation service, community nursing team and local pop up clinics.
- Updated versions of the mRNA Covid vaccines (Pfizer and Moderna). Half of the dose targeted the original virus strain and the other targeted the Omicron variant. The booster was shown to trigger a strong immune response. Novavax vaccine was available for those at clinical risk e.g. allergic reactions.
- Bookings could be made either via the National Booking Service or locally through PCN sites and local pop up clinics.
- PCNs would be offering local appointments to eligible cohorts in order. However, more invitations had been sent out than there were currently appointments available.
- Booster uptake was strong and it was important that public confidence and trust was maintained. Vaccination was the best way to protect against serious illness.
- The need for patience was stressed as there was sufficient vaccine for all.

## Flu

- Eligible cohorts were aligned with the Covid booster programme but including pregnant women, children aged 2-3 years, all primary school children and secondary school children in Years 7, 8 and 9.
- All 36 of Northumberland GP surgeries had signed up to deliver the programme along with a number of community pharmacies and the school age immunisation service.
- Uptake of the vaccine, so far, was good and slightly ahead of some cohorts in 2021. Where supplies allowed there was coadministration of Covid and flu but patients were encouraged not to wait and to take each vaccine when offered.
- Work was ongoing to improve uptake amongst pregnant women and 2-3 year olds.
- There were a number of local and national campaigns aimed at maximising uptake. A wide network of providers and partners were working together to maximise uptake along with the Northumberland Vaccine Collaborative and NENC Vaccination Board. Reducing inequalities was a key priority

The following comments were made:-

- It was suggested the national booking system be improved to show where sites were even if there were currently no available appointments. More locally it would be possible to share a map showing all the sites and the various routes to obtain a vaccination. It was important that messaging was clear to ensure that people did not give up.

- The evergreen offer remained open to anyone who had missed an initial vaccination and/or boosters.
- West PCN was operating out of Hexham Mart and good levels of uptake were reported. There was also the potential for and outreach service reaching Bellingham and Haltwhistle. Age UK operated transport to PCN sites.

## 99. DEVELOPMENT SESSION DISCUSSION

### Health & Wellbeing Strategy

Graham Syers reported that following the Development Session in July, the following leads had been assigned to different themes and there was the expectation that they would come back having developed an action plan against it:-

Theme	Lead Member	Executive Director	Public Health Support
Best Start in Life	Cllr. Wayne Daley	Graham Reiter/ Audrey Kinghorn	Jon Lawler
Empowering Communities	Cllr. Caroline Ball	Liz Morgan/Gill O'Neill	Karen McCabe
Wider Determinants	Cllr. Veronica Jones	Rob Murfin	Liz Robinson
Whole System Approach	Cllr. Paul Ezhilchelvan	Rachel Micheson/ Alistair Blair	Jim Brown

The leads would be contacted and asked to go back to the Health & Wellbeing Strategy within the appropriate timeframes for reporting back to the Health & Wellbeing Board.

### Compact

Part of the Inequalities Plan had a compact which was to say that our Partner members would take this compact to their organisations, to discuss and request that they sign up to ensure everyone was committed to taking action. A progress update should be provided at the next meeting.

**RESOLVED** that the verbal report be noted.

## 100. HEALTH AND WELLBEING BOARD FORWARD PLAN

**RESOLVED** that the Forward Plan be noted with the addition of the following items for the next meeting:

- Health & Wellbeing Strategy Themes
- Compact

## 101. URGENT BUSINESS

The Chair reported that he had been made aware of the following and agreed that they be raised as items of urgent business.

The Chair presented a copy of the agenda for the next Joint OSC for the North East and North Cumbria ICS and North & Central ICPS. He was happy to raise any issues at the meeting which Members may give to him. The following issues was raised:-

- It was important that the ICS did not think of the NHS workforce in isolation and must also include the social care workforce. The inclusion of the voluntary workforce was also very important or there would be limitations in what could be achieved.
- Mental Health Collaborative and Mental Health Partnership were to be decision makers going forward and what were the implications at Place? Previously there had been close working arrangement with the CCG but it was uncertain how this would move forward with the ICB and the allocation of funds across the system.
- ICS Structures – there had been discussion at the monthly meeting of Chairs, Council Leaders across the footprint and there had already been the first ICP meeting. There was now work to be done about what the Sub ICP would look like and to ensure that Local Authorities were working in partnership with health. These meetings were likely to meet quarterly. Plans for the Sub ICP membership would be reported to a future Health & Wellbeing Board.

## 102. DATE OF NEXT MEETING

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

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

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



## Northumberland County Council

**CABINET.**

**10<sup>th</sup> January 2023.**

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### **Drug and Alcohol Treatment and Recovery Service for Northumberland – Permission to Tender**

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

**Cabinet Member:** Cllr Wendy Pattison, Portfolio Holder Adults' Wellbeing

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#### **Purpose of report.**

The purpose of this report is to outline the need to provide a drug and alcohol treatment and recovery service as part of the Council's statutory public health functions, and to seek permission to proceed with a formal tender exercise.

#### **Recommendations.**

Council is recommended to:

- Authorise the Interim Executive Director of Public Health and Community Services to proceed with the commissioning exercise for a value of £21,818,608 as outlined in Key Issues section below (the final paragraph).
- Request officers to bring back the outcome for Cabinet approval.

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

The delivery of a drug and alcohol treatment and recovery service supports the vision and aims of our Corporate Plan 2021 – 2024 by tackling health inequalities within our communities and helping create economic growth for Northumberland.

People who use drugs and alcohol problematically are among those most likely to experience health and social inequality. They are more likely to be living in areas with high levels of deprivation, to be in poor health, die early, be a victim of crime and be in temporary or unstable accommodation. They are also among the least likely to seek help from services and will often suffer discrimination and stigma. Drug treatment is evidenced

as reducing inequality for individuals and communities, by improving health, reducing crime and improving social functioning<sup>1</sup>.

Drug and alcohol treatment is evidenced as being cost effective due to the savings created by the reduced health and social care burden and reduced criminal behaviour<sup>2</sup>. The treatment service will also create economic benefits via employment opportunities for local people, the use of community spaces, attracting additional investment from Government and supporting its client group to become economically active by accessing training and employment.

### **Key issues.**

Under the Health and Social Care Act (2012), local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. As a condition of receiving the Public Health Grant, local authorities are required to 'improve the take up of, and outcomes from, its drug and alcohol misuse treatment services'<sup>3</sup>

The Council commissions a partnership of Cumbria Northumberland Tyne and Wear NHS Foundation Trust (CNTW), Changing Lives and Turning Point to deliver a structured drug and alcohol treatment and recovery service – The Northumberland Recovery Partnership (NRP).

NRP began delivery in 2017/18 and the contract is due to end in September 2023. A re-commissioning exercise can be delivered throughout late 2022/23 and early 2023/24 to develop and secure a new contracted service.

Though the service has been successful in delivering safe and effective treatment for some of Northumberland's most vulnerable and marginalised residents, substance misuse and addiction presents many challenges. The North East has the highest rates of drug and alcohol related deaths in England, problematic alcohol use is increasing, patient needs are becoming more complex, there is higher demand for treatment services and there is a shortage of skilled staff in the sector.

The proposed contract price - £3,356,709 per annum and £21,818,608 in total across 6.5 years - is based on the need to invest in a modern and innovative service and recognition of the increased running costs and financial pressures it will face. The proposed contract length is of reflective of national guidance<sup>4</sup> which recommends longer contract periods for

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1

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586111/PE\\_Evidence\\_review\\_of\\_drug\\_treatment\\_outcomes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PE_Evidence_review_of_drug_treatment_outcomes.pdf)

2 <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

3 <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2022-to-2023/public-health-ringfenced-grant-2022-to-2023-local-authority-circular>

4 <https://www.gov.uk/government/news/acmd-warns-ministers-of-falling-local-funding-for-drug-treatment-services>

treatment services to reduce the impact on resources and minimise issues caused by transition between services for patients and staff.

Cabinet is asked to consider the contents of this report, the key issues and background; note that the total value of the 6.5 year contract (4.5 years plus the option of an additional 2 years) is £21,818,608; and comment on the proposals.

## **Background.**

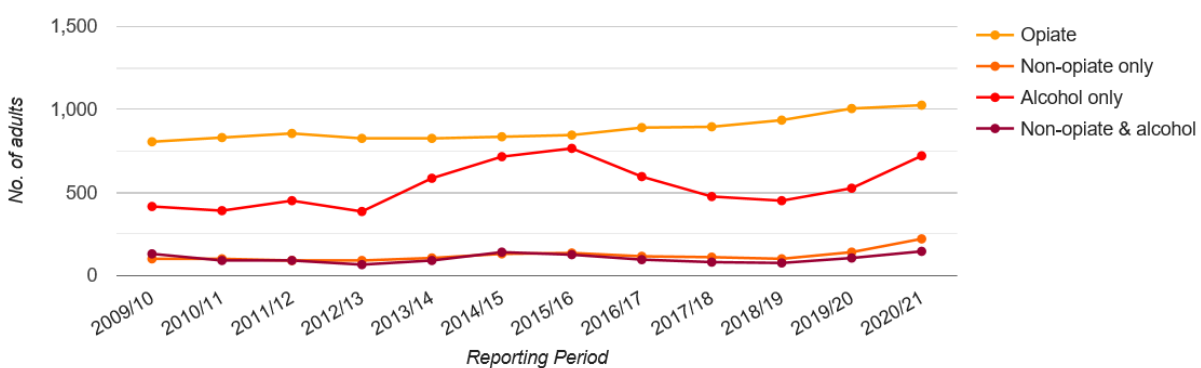
### **Local Context.**

Within Northumberland, NRP deliver a range of treatment and recovery interventions, including:

- Community and inpatient detoxification.
- Substitute prescribing.
- Psychosocial therapies.
- Peer led recovery interventions and support (including access to a 12-step abstinence based programme).
- Harm reduction (including needle exchange, wound care and safer injecting advice).
- Community outreach.
- Support to access education, employment and housing.

Demand for treatment has been increasing since 2018/19. See Figure 1 below for a breakdown of the numbers in treatment since 2009/10, by substance category. Though all substances have seen an increase since 2018/19, opiates have been increasing since 2014/15. Alcohol is showing the most significant increase in recent years. Increased demand is linked to increased harmful use within our communities.

**Figure 1: Number of adults in treatment by substance. Source: National Drug Treatment Monitoring System<sup>5</sup>.**



<sup>5</sup> <https://www.ndtms.net/ViewIt/Adult>

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Opiate	805	830	855	825	825	835	845	890	895	935	1005	1025
Non-opiate only	100	100	90	90	105	130	135	115	110	100	140	220
Alcohol only	415	390	450	385	585	715	765	595	475	450	525	720
Non-opiate & alcohol	130	90	90	65	90	140	125	95	80	75	105	145

The service is reaching the end of its contractual period and during 2022/23, pending approval, the Council will initiate a re-procurement exercise. This will create opportunities to update and develop service provision to ensure it can appropriately respond to new and emerging needs and demands within the local community. Our 2020 needs assessment (updated in 2022), will inform the process, along with further stakeholder consultation throughout the re-procurement period.

The Council (via the Public Health Ring Fenced Grant) has consistently maintained its investment in drug and alcohol treatment and recovery services and as a result, has an effective system with a skilled workforce that creates positive outcomes for some of our most vulnerable and marginalised residents. Throughout its current contract period, our service has shown resilience and innovation in its response to an ever-changing environment and the often complex needs of its patient group. However, there are many ongoing and emerging challenges that must be considered if we are to maintain an effective response to substance misuse and protect our communities from harm.

- Nationally, drug related deaths have been increasing for the past decade and the North East has the highest rate of deaths in England<sup>6</sup>. Though Northumberland has amongst the lowest levels of deaths in the North East, rates are still above the national average. Many deaths are a result of long-term substance abuse, a highly chaotic lifestyle, and often untreated mental health conditions. People with these issues can be difficult to engage in treatment and our services need to be flexible in how they work and ensure a broad range of treatment options are available.
- During the covid pandemic, NRP reduced the number of people being discharged from the service and retained many of its most vulnerable patients in treatment as a means of maintaining their safety. The decision made sound clinical sense, and will have undoubtedly saved lives, but it increased the number of people the service works with, the caseloads of staff and adversely impacted on key performance indicators.
- People who drink alcohol problematically increased their use during the pandemic. Research has shown this has been particularly acute in areas of high deprivation across the North of England<sup>7</sup>. Though at this stage it is impossible to determine the full extent of the harms created, NRP was already experiencing a steady upturn in alcohol referrals and the covid related increase has exacerbated the situation. It is currently estimated that as many as 75% of people who are dependent on alcohol in Northumberland are not accessing treatment<sup>8</sup>

<sup>6</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#:~:text=3%2C060%20drug%20poisoning%20deaths%20registered,aged%2045%20to%2049%20years>

<sup>7</sup> [The COVID-19 alcohol paradox: British household purchases during 2020 compared with 2015-2019 \(plos.org\)](https://doi.org/10.1371/journal.pone.0240000)

<sup>8</sup> <https://www.ndtms.net/ViewIt/Adult>



- The service is now dealing with an increasingly complex patient cohort. Poly substance misuse is increasing, mental health issues are more prevalent, patients face growing financial pressures and overall, the average age of those in treatment is rising, which introduces additional health issues for the service to address.
- Nationally, there is a staff shortage within the substance misuse sector and services are struggling to recruit and maintain a skilled and experienced workforce. Throughout 2021/22 and 2022/23 NRP have been unable to recruit to several key posts and this has resulted in some areas of delivery being under resourced.

In order to address these challenges, Northumberland needs a drug and alcohol treatment and recovery service that is able to meet increasing demand, by expanding its capacity and resource, and upskilling its staff. The service must be part of a multi-agency response to reducing drug and alcohol related deaths in our communities and ensure the full range of patient needs are met. We need to ensure the service is accessible and meet the needs of those who are currently unable or unwilling to address their dependency, and so reduce unmet need. It is also essential that the service can attract and maintain, a skilled and motivated workforce by offering competitive salaries, a positive and supportive working environment and professional development opportunities.

NRP is now in its 6<sup>th</sup> year of delivery (and will enter its 7<sup>th</sup> year before the end of the procurement exercise) and is still working to the original contract price set in 2017/18. Any uplifts or funding awards during this period have been to deliver additional services and activity rather than to cover any cost of living or inflationary related pressures. When compared to other North East local authorities, Northumberland currently allocates one of the lowest percentages of its total Public Health Grant to substance misuse services. When comparing actual spend to numbers of people in treatment, Northumberland currently invests one of the lowest amounts per head when compared to other North East local authorities.

### **National Context.**

The use of drugs and alcohol is widespread within the UK, and although many people will use drugs and alcohol in moderation, even this can be harmful, and long term and excessive use will often lead to addiction and serious health harms. The harmful use of drugs and alcohol has a far reaching and often catastrophic impact upon the individual, local communities and wider society. Addiction is linked with the breakdown of relationships and families, increased criminal behaviour, loss of employment and a range of health issues including cancer, blood borne viruses, respiratory disease and poor mental health.

Deaths from drug misuse are currently at their highest ever rate across England and Wales, with the most deaths occurring amongst those aged between 40 – 49<sup>9</sup>. The North East currently has the highest rates of drug related death in England and has done for the past 9 years. Similarly, alcohol related deaths in the UK are at their highest rate for the

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<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#:~:text=3%2C060%20drug%20poisoning%20deaths%20registered,aged%2045%20to%2049%20years>

past 20 years, with most deaths attributed to alcoholic liver disease<sup>10</sup>. The North East has the highest rates of alcohol related death in England and saw a 20.5% increase between 2019 and 2020.

It is estimated that the combined social and economic cost (including lost productivity, crime and treatment) as a result of drug and alcohol misuse, is £32.2bn per year in the UK<sup>11</sup>.

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both drug and alcohol. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation<sup>12</sup>.

People who use drugs and alcohol problematically are often among the most vulnerable in society. They are more likely to be in poor health, die early, be a victim of crime and be in temporary or unstable accommodation. They are also among the least likely to seek help from services and will often suffer discrimination and stigma.

In 2021 the Government published their independent Review of Drugs<sup>13</sup> which found that drug use is intrinsically linked to violent crime, poverty and deprivation; drug related deaths are at an all-time high; and that disinvestment in the treatment system had resulted in higher unmet need and the workforce had reduced in number and quality. In all, the report made 32 recommendations, including the need for enhanced and protected funding by Government; improved treatment and recovery services; more emphasis on access to employment and housing; and greater Local Authority accountability. The Government's response to the review supported the findings and committed to publishing a long-term drug strategy by the end of 2021, which would focus on reducing demand, supporting treatment, and targeting crime.

The Government's new Drug Strategy<sup>14</sup> outlines four key objectives for local treatment and recovery systems:

- Address unmet need.
- Increase numbers in treatment.
- Reduce drug related deaths.
- Create effective criminal justice pathways.

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<sup>10</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020>

<sup>11</sup> <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

<sup>12</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/761123/Vulnerability\\_and\\_Drug\\_Use\\_Report\\_04\\_Dec\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf)

<sup>13</sup> [Independent review of drugs by Professor Dame Carol Black - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/independent-review-of-drugs-by-professor-dame-carol-black)

<sup>14</sup> <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

Local authorities have been allocated additional grant funding to support the local delivery of the Strategy's objectives. The grant funding is provided on the conditions that local authorities consent to increased scrutiny and accountability via the creation of Local Combating Drugs Partnerships<sup>15</sup> and that existing investment via the Public Health Grant is maintained to at least current levels.

### **Procurement and Contract Management.**

Assuming authorisation is given to proceed with the commissioning exercise, a new Service Specification will be developed and an Invitation to Tender (ITT) issued by April 2023. Applicants are required to complete a set of questions in the ITT designed to demonstrate their ability to meet the needs of the Service Specification. Each question is given a percentage weighting to reflect its importance and level of detail required. There is the option of including a weighted score for the proposed contract price. Applicants must also provide various assurances, including confirmation that they do not meet any of the grounds for exclusion, have the appropriate insurances in place and can demonstrate a sound economic and financial standing.

Each response is checked for compliance with the requirements of the ITT and then evaluated and scored according to the percentage weighting criteria. A panel of assessors scores the ITTs and agrees the contract award.

Key Performance Indicators (KPI) will be developed alongside the Service Specification and included in the ITT. KPIs must reflect local and national monitoring requirements. It is proposed that the indicators attached to the Combating Drugs Partnerships<sup>16</sup> present the best option to manage local performance, while also meeting the requirements of national oversight and scrutiny arrangements. The proposed indicators will include:

- Reducing drug and alcohol related deaths.
- Increasing the number of people accessing treatment.
- Increasing the number of people leaving prison who then access treatment.
- Improving drug recovery outcomes:
  - Drug and alcohol free or reduced use.
  - Access to stable accommodation.
  - Access to employment.
  - Reduced criminality.

The contract will be performance managed via formal quarterly contract meetings where the provider is required to submit performance data, financial spend and a narrative report. In addition, there will also be a series of ad-hoc meetings with relevant service managers and staff to focus on specific areas of the service or performance.

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<sup>15</sup> <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

<sup>16</sup> <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

## Implications.

<b>Policy</b>	<p>The delivery of a drug and alcohol treatment and recovery service supports the vision and aims of our Corporate Plan 2021 - 2024 by tackling health inequalities and helping create economic growth.</p> <p>A raft of national policies, strategies and good practice guidelines shape the delivery of services.</p>
<b>Finance and value for money</b>	<p>The proposed contract price for the service is £3,356,709 per annum and £21,818,608 in total (maximum period of 6.5 years – see Procurement section below for detail).</p> <p>The service will be funded via the Public Health Grant.</p> <p>Drug and alcohol services are evidenced as being cost effective. They improve health and wellbeing and reduce crime.</p> <p>It is estimated that, in England, treatment creates an annual saving of £2.4bn based on the reduced costs to linked to social care, health and crime. This equates to a social return of £4 for every £1 invested in treatment<sup>17</sup>.</p>
<b>Legal</b>	<p>The provision of drug and alcohol services as described in this report meet the responsibilities conferred by section 18 of the Health and Social Care Act (2012).</p> <p>The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council</p>
<b>Procurement</b>	<p>The existing contract for our drug and alcohol service expires at the end of September 2023. A re-commissioning exercise will be delivered during 2022/23 and 2023/24. The length of the contract will be 4.5 years with the option of extending for a further 2 years. Maximum contract period: October 2023 – March 2030.</p>
<b>Human Resources</b>	<p>In the event of the incumbent organisation(s) not being awarded the contract, TUPE considerations for current service staff will be the responsibility of the new provider and will be built into the contract arrangement.</p>
<b>Property</b>	<p>This is the responsibility of the provider organisation and will be built into the contract arrangement.</p>

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<sup>17</sup> <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

<p><b>Equalities</b></p> <p>(Impact Assessment attached)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>N/A <input checked="" type="checkbox"/></p>	<p>A drug and alcohol health needs assessment was completed in 2020 and examined the needs of minority and underserved patient cohorts. This will be built into the service specification and contract to ensure equity of service access and provision.</p>
<p><b>Risk Assessment</b></p>	<p>Included as part of standard Local Authority commissioning and procurement practice.</p> <p>The Local Authority is required to ensure commissioning of services is competitively tendered. If this tender is agreed by Cabinet, the risk of challenge will be mitigated.</p>
<p><b>Crime Disorder &amp;</b></p>	<p>Drug and alcohol misuse is intrinsically linked to offending and criminal behaviour. Treatment is evidenced as being able to reduce the number of people who offend by 44% and decrease the number of offences committed by 33%<sup>18</sup>.</p> <p>Within Northumberland, up to a quarter of all referrals to treatment come via the criminal justice system, and over a third of service users have a criminal conviction.</p>
<p><b>Customer Consideration</b></p>	<p>The service conducts a quarterly patient feedback survey. Results are shared at contract meetings with Public Health and show a high level of satisfaction with the service</p> <p>A health needs assessment was undertaken in 2020 and surveyed opinions from current and former service users. The results of the needs assessment will be used to develop the new service specification.</p>
<p><b>Carbon reduction</b></p>	<p>During the covid lockdown periods, the service introduced various digital and on-line treatment interventions which reduced the need to travel to services. These interventions will be retained and further developed within the new service specification and will contribute towards the Council's climate change and carbon footprint goals.</p>
<p><b>Health and Wellbeing</b></p>	<p>The delivery of an effective drug and alcohol treatment and recovery service supports the aims of the Joint Health and Wellbeing Strategy 2018 – 2028 by reducing the number of alcohol related hospital admissions, improving mental wellbeing and creating better outcomes for those living in our most disadvantaged communities.</p>

18

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/674858/HE-MoJ-experimental-MoJ-publication-version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/HE-MoJ-experimental-MoJ-publication-version.pdf)

<b>Wards</b>	All.
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**Background papers:**

An evidence review of the outcomes that can be expected of drug misuse treatment in England.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/586111/PHE\\_Evidence\\_review\\_of\\_drug\\_treatment\\_outcomes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586111/PHE_Evidence_review_of_drug_treatment_outcomes.pdf)

Office for National Statistics. Deaths related to drug poisoning in England and Wales: 2021 registrations.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations#:~:text=3%2C060%20drug%20poisoning%20deaths%20registered,aged%2045%20to%2049%20years>

Office for National Statistics. Alcohol-specific deaths in the UK: registered in 2020.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020>

Advisory Council on the Misuse of Drugs. What are the risk factors that make people susceptible to substance use problems and harm?

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/761123/Vulnerability\\_and\\_Drug\\_Use\\_Report\\_04\\_Dec\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761123/Vulnerability_and_Drug_Use_Report_04_Dec_.pdf)

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

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

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

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

Drugs strategy guidance for local delivery partners.

<https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners>

The impact of community-based drug and alcohol treatment on re-offending – A joint experimental statistical report from the Ministry of Justice and Public Health England.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/674858/PHE-MoJ-experimental-MoJ-publication-version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674858/PHE-MoJ-experimental-MoJ-publication-version.pdf)

**Report sign off.**

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

	Full Name of Officer
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Monitoring Officer/Legal	Suki Binjal
Service Director Finance & Deputy S151 Officer	Jan Willis
Relevant Executive Director	Liz Morgan
Chief Executive	Rick O'Farrell
Portfolio Holder(s)	Wendy Pattison

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# **Northumberland County Council**

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

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

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

24 November 2022 - CA

Agenda Item 7

## 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:**

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

1 November 2022

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

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		
	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		
Page 45	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.

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

Ref	Date	Report	Decision	Outcome
1	31 May 2022	Progress Report 0- 19 S75 Partnership Agreement with Harrogate and District NHS Foundation Trust	<b>RESOLVED</b> 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 46	31 May 2022	Adult Social Care Self-Assessment following the dissolution of the Partnership with NHCT	<b>RESOLVED</b> that the report be noted	Further update to be given at a future date.
3	31 May 2022	Restructure of Adult Social Care	<b>RESOLVED</b> that the report be noted	No further action at this time.
4	5 July 2022	Delivering on the Extra Care and Supported Housing Strategy	<b>RESOLVED</b> 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	<b>RESOLVED</b> 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><b>RESOLVED</b> that:</p> <ul style="list-style-type: none"> <li>a) the presentation and information detailed be noted, and</li> <li>b) an update on the provision of NHS dental services be provided in six months' time.</li> </ul>	An update on the provision of NHS dental services be provided in six months' time.
7	6 September 2022	Northumberland Inequalities Plan 2022 - 2032	<b>RESOLVED</b> 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 47	6 September 2022	Proposals for the allocation of the Public Health ringfenced grant reserve.	<p><b>RESOLVED</b> to recommended that Cabinet:</p> <ul style="list-style-type: none"> <li>a) Approve the allocation of funding from the Public Health reserve as proposed in this report.</li> <li>b) Delegate to the Director of Public Health the precise expenditure of the funding set aside to address issues around poverty.</li> </ul>	No further action at this time.
9	6 September 2022	HealthWatch Northumberland Annual Report	<b>RESOLVED</b> that Healthwatch Northumberland Annual Report for 2021-22 be received.	No further action at this time.
10	2 November 2022	Adult Market Position Statement	<b>RESOLVED</b> to recommend that Cabinet agree to publish the Market Position Statement.	Cabinet considered the Committees comments at its meeting on 17 <sup>th</sup> November 2022

