

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at Council Chamber - County Hall on Tuesday, 7 November 2023 at 1p.m..

PRESENT

Councillor R. Dodd
(Chair, in the Chair)

MEMBERS

Bowman, L.
Hill, G.
Hunter, I.

Nisbet, K.
Richardson, M.
Seymour, C.

ALSO IN ATTENDANCE

Angus, C.
Bradley, N.

Brown, J.
Conro, V.
Jones, G.
Kenny, N.
Thompson, K.
Todd, A.

Scrutiny Officer
Executive Director - Adults, Ageing and Wellbeing
Public Health Consultant
Cancer Manager, NUTH
Clinical Lead for Cancer Services, NUTH
Deputy Chief Operating Officer, NUTH
Rights Team Manager
Democratic Services Officer

17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken and C. Humphrey.

18 MINUTES

RESOLVED that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 12 September 2023, as circulated, be confirmed as a true record and signed by the Chair.

19 HEALTH AND WELLBEING BOARD

RESOLVED the minutes of the Health & Wellbeing Board held on 14 September 2023 be noted.

20 NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (NUTH) - ONCOLOGY PERFORMANCE UPDATE

Ch.'s Initials.....

Members received a presentation from NUTH/NHSE on oncology performance nationally and regionally. (A copy of the powerpoint slides has been filed with the signed minutes).

N. Kenny, Deputy Chief Operating Officer, G. Jones, Clinical Lead for Cancer Services and V. Conro, Cancer Manager were in attendance to present the performance data.

The presentation covered the following issues:

- Cancer waiting times performance data and summary.
- It was noted that since the publication of the Quality Account showing two week wait annual performance at 76.1%, performance had further deteriorated, reporting a lower level of 68.2% by the end of August.
- Referral demand continued to increase, with an average of 2500 patients referred every month making it more challenging to see patients within two weeks. However, there were more patients being seen within two weeks than in previous years and this was not reflected in the performance percentage. There was also a deterioration in this standard because of the introduction of more straight to test pathways. This performance would be captured in the 28 day faster diagnosis standard going forward.
- The test pathways would support earlier diagnosis ambitions which was a positive development for services.
- From the 1 October 2023 there was no longer the requirement to report on two week waits.
- There had been unprecedented levels of skin cancer referrals this summer.
- The two week wait outpatient activity continued to be prioritised throughout periods of industrial action.
- The target to achieve 75% to receive results/diagnosis was showing a strong performance overall.
- There was a widening scope of digital imaging across the skin pathway, exploring IT solutions.
- There continued to be a review of current escalation processes for diagnostics where there were delays.
- All patients were actively tracked and monitored as they progressed through their pathways and improvements were being made to manage escalations.
- The Trust had more difficulties achieving the 62 day standard than the 28 day standard. Therefore, the Trust was working to extend the best practice timed pathways to include and monitor patients all the way up to 62 days to clearly highlight holdups in pathways and establish clear expectations for each stage of the pathway.

Following the presentation a number of points were made, including:

- Disappointment that the waiting times had got worse since those reported in the annual accounts. It was questioned whether the Trust had carried out accurate forecasting to give assurance that things would improve. In response it was stated that although some performance had deteriorated other targets had seen slight improvements. The Trust was committed to improving waiting times and a number of key actions had been taken. Forecasting for the next year would take place soon.
- It was questioned if other trusts both nationally and internationally met their

Ch.'s Initials.....

oncology targets. In response it was confirmed that others probably collected different data and worked towards different targets so it would be difficult to collate comparable information. But this request would be looked into.

- It was recognised that there had been a rise in the numbers of referrals which had impacted targets. It was confirmed that there were more patients being seen within two weeks than in previous years and this had not been reflected in the performance percentage. There was also a deterioration in this standard due to the introduction of more straight to test pathways.
- Regular cancer awareness campaigns continued advising all the benefits of early detection and general ways in which to improve overall health. Although these initiatives were good it could lead to increases in referrals.
- It was queried whether the new Berwick Hospital would have its own Oncology department. It was confirmed that the officers presented were unsure of what services would be available at the site.
- The benefits to patients if treatments could be delivered locally especially if it was a longer outlook or prognosis.
- Could the data be broken down to show the number of patients from Northumberland? It was confirmed that this would be possible and could be sent to the Scrutiny Officer for circulation to members.
- Smoking tobacco remained one of the biggest risks factors.
- Patients were left feeling frustrated by a lack of communication when waiting for referrals and treatment appointments. It was advised that this had been flagged as an issue.
- It was reported that survival time for all cancer types 40 years ago was just one year, now it was predicted to be nearly six years. This improvement was testament to the improvements in surgery, diagnosis, radiotherapy, and new drugs.
- Advances in technology were helping the NHS with the latest artificial intelligence technology helping to diagnose and treat patients more quickly.
- It was advised that artificial Intelligence (AI) could hold enormous potential for the NHS, if used right. It could reduce the burden on the system by taking on the tasks that could be converted into an algorithm. It could improve patient outcomes, and increase productivity across the system, freeing up clinicians' time so they could focus on the parts of the job where they add the most value.

The Chair thanked officers from NUTH for attending the meeting and providing the presentation to members.

RESOLVED that the information and comments made be noted.

21 **REPORT OF THE CABINET MEMBER FOR IMPROVING PUBLIC HEALTH AND WELLBEING**

Update on and refresh of the Joint Health and Wellbeing Strategy theme 'Adopting a whole system approach to health and care'

Members considered the report presented to Health and Wellbeing Board on 12 October 2023 which sought to update on achievements against the theme of

Ch.'s Initials.....

'Adopting a whole system approach to health and care' in the Northumberland Joint Health and Wellbeing Strategy 2018-28. (A copy of the report has been filed with the signed minutes).

The report was presented by Dr. J. Brown, Consultant in Public Health, who drew members' attention to the main points within the report. He reported that 'Adopting a whole system approach to health and care' was one of four themes of the 2018-28 Joint Health & Wellbeing Strategy. The Systems Transformation Board (STB) had agreed to take ownership of this theme and set up a task and finish group to review and refresh the theme. Membership was drawn from a number of bodies including the Health & Wellbeing Board, ICB, and Northumbria Healthcare Foundation Trust.

There had been improvements relating to smoking prevalence and percentage of physically active adults. However, there was a worsening trend in alcohol related hospital admissions and self-reported wellbeing.

There were many examples of integration which had occurred within Northumberland across sectors such as healthcare, public health, education, social care and the voluntary and community sector, physical and mental healthcare.

It was proposed that the three priorities for the theme be updated as follows:-

Priority 1 – Refocus and prioritise prevention and health promotion.

Priority 2 - Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.

Priority 3 – Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.

Details of the relevant actions and indicators/evidence of progress for each priority were provided.

Over the next few months members would be provided with information on the progress on actions within the JHWS for the three other themes which were:

Empowering People and Communities

Giving Children and Young People the Best Start in Life

Building Blocks Theme

A number of comments were made, including:-

- The views of the Health and Wellbeing Board were noted.
- The Health and Wellbeing OSC would consider further themes of the JHWS.
- There was to be a meeting of the Health and Wellbeing OSC on 9 January 2024 to discuss the next theme of the JHWS. At this meeting members of the Family and Children's Services OSC would be invited to attend. Issues such as the best start of life and the role of education would be discussed.
- Smoking and vaping issues were discussed. Although smoking levels were reducing there was a concern that the levels of people using vapes

Ch.'s Initials.....

was increasing, particularly adolescent children.

- A query as to why Northumberland had a higher rate of hospital admissions due to alcohol. It was reported that across the North East there were higher levels being reported. Measures within the JHWS would look into this in more detail.
- Confirmation that inequalities and other protected characteristics ran through all of the themes within the JHWS. The Inequalities Group had been involved in the JHWS and the proposed amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy.
- Confirmation that poverty, unemployment, welfare rights and housing would all be included within the JHWS.

RESOLVED to:

- (a) note and comment on the achievements described in the report, and
- (b) that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.

22 **REPORT OF THE CABINET MEMBER FOR CARING FOR ADULTS**

Welfare Rights Report 2019-2023

Members were updated about the activities of the Welfare Rights Advisory Unit for the period 1st April 2019 to 31st March 2023, and on key current issues about supporting people with benefits during a time of ongoing major changes to the benefits system. (A copy of the report has been filed with the signed minutes).

N. Bradley, Executive Director for Adults, Ageing and Wellbeing and K. Thompson, Rights Team Manager drew members attention to the main points of the report. Members were advised that among the main current issues, highlighted in the appendix to this report, were the continuing migration of existing legacy benefit claimants onto Universal Credit and the impact of changes to qualifying ages for “mixed age” older couples claiming means tested benefits including Pension Credit and Housing Benefit.

A number of points were raised, including:

- The primary role of the Welfare Rights Team was to provide training and support to front line adult social care staff so that they could spot entitlement and assist with benefit issues faced by the people they were working with.
- The changes to the way some benefits were administered by DWP and how to claim could be confusing for people.
- Confirmation that the local authority was sometimes invited to participate in pilot schemes for new government initiatives and policies.
- The case studies within the report were very interesting.
- Confirmation of where residents should be directed if they had an issue regarding benefits.
- The Welfare Rights Team supported Northumberland Communities Together. They acted as a source of advice and information and provide training to help them to support residents.
- Citizen Advice could help offer general advice about debt problems.
- Any residents needing general advice about benefits or debt could contact

Ch.'s Initials.....

Citizen Advice or Northumberland Communities Together.

- The difficulties faced by residents trying to apply for benefits which sometimes could be demoralising. There were external organisations and the Welfare Rights Team available who could offer support and guidance to residents.
- The Welfare Rights Team offered training to social care staff, other teams within the authority and external organisations that supported Northumberland residents, including social prescribers.

RESOLVED that the report be received for information.

23 **REPORTS OF THE SCRUTINY OFFICER**

23a (A) FORWARD PLAN

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

RESOLVED that the report be noted.

23b (B) HEALTH AND WELLBEING OSC WORK PROGRAMME

The Committee reviewed its work programme for the 2023/24 council year (a copy of the work programme has been filed with the signed minutes).

RESOLVED that the Work Programme and comments made be noted.

23c (C) AUTOMATED EXTERNAL DEFIBRILLATORS (AEDS) IN NORTHUMBERLAND: SCOPING REPORT

The purpose of the report was to outline the scope and objectives of the Automated External Defibrillators (AEDs) Task and Finish Group. The group would be established to examine key issues related to the availability, maintenance, accessibility, and effectiveness of AEDs within Northumberland. The primary aim would be to make recommendations that enhance the availability of AEDs, ultimately improving community health and safety. (A copy of the report has been filed with the signed minutes).

Discussion took place on members initial thoughts of how the availability, maintenance, accessibility, and effectiveness of AEDs could be improved within the county.

Councillors I. Hunter, R. Dodd, L. Bowman and M. Richardson put forward their names to sit on the Task and Finish Group. Councillor K. Nisbet would Chair the meetings. The date of the first meeting was yet to be agreed. It was hoped to invite the following to meetings of the Task and Finish Group to help inform recommendations, including:

- North East Ambulance Service (NEAS)

Ch.'s Initials.....

- Public Health Specialist
- Town and Parish Councils
- Executive Director of Place and Regeneration
- Other sources deemed necessary.

A number of other councillors had also expressed an interest in this Task and Finish Group. How best for their views, information, and knowledge to be gathered and fed into the Task and Finish Group was still to be agreed.

RESOLVED that:

- (a) the terms of reference/scope of the review be considered.
- (b) a timetable for the review to be completed although this could change due to the complexity of the topic, be agreed.
- (c) the findings of the review to be reported to the Health and Wellbeing Overview and Scrutiny Committee.

24 **DATE OF NEXT MEETING**

RESOLVED that the date of the next meeting be scheduled for Tuesday, 12 December 2023 at 1.00 p.m.

CHAIR.....

DATE.....

Ch.'s Initials.....