



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

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

**Tel direct:** 01670 622606

**Date:** 25 October 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 7 NOVEMBER 2023** at **1.00 PM**.

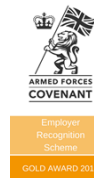
Yours faithfully

Dr Helen Paterson  
Chief Executive

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



**Dr Helen Paterson, Chief Executive**  
County Hall, Morpeth, Northumberland, NE61 2EF  
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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 12 September 2023, 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. HEALTH AND WELLBEING BOARD** (Pages 7 - 12)
- The minutes of the Health & Wellbeing Board held on 14 September 2023 are attached for the scrutiny of any issues considered or agreed there.
- 5. NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (NUTH) - ONCOLOGY PERFORMANCE UPDATE**
- To receive an update from NUTH/NHSE on oncology performance nationally and regionally. (Report to follow).
- 6. REPORT OF THE CABINET MEMBER FOR IMPROVING PUBLIC HEALTH AND WELLBEING** (Pages 13 - 30)
- Update on and refresh of the Joint Health and Wellbeing Strategy theme 'Adopting a whole system approach to health and care'**
- To consider the report presented to Health and Wellbeing Board on 12 October 2023 as an update on achievements against the theme of 'Adopting a whole system approach to health and care' in the Northumberland Joint Health and Wellbeing Strategy 2018-28.
- 7. REPORT OF THE CABINET MEMBER FOR CARING FOR ADULTS** (Pages 31 - 46)
- Welfare Rights report 2019-2023**
- The annual report in the appendix updates Members 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.
- 8. REPORTS OF THE SCRUTINY OFFICER**
- 8.1 (a) Forward Plan** (Pages 47 - 50)
- To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.
- 8.2 (b) Health and Wellbeing OSC Work Programme** (Pages 51 - 58)
- To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2023/24.
- 8.3 (c) Automated External Defibrillators (AEDs) in Northumberland: Scoping Report** (Pages 59 - 64)
- The purpose of this scoping report is to outline the scope and objectives of

the Automated External Defibrillators (AEDs) Task and Finish Group. The group is established to examine key issues related to the availability, maintenance, accessibility, and effectiveness of AEDs within Northumberland. The primary aim is to make recommendations that enhance the availability of AEDs, ultimately improving community health and safety.

**9. URGENT BUSINESS**

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

**10. DATE OF NEXT MEETING**

The date of the next meeting is scheduled for **Tuesday, 12 December 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)

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## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 12 September 2023 at 1.00 p.m. at County Hall, Morpeth.

#### PRESENT

Councillor R. Dodd  
(Chair, in the Chair)

#### MEMBERS

Bowman, L.	Hunter, I.
Hardy, C.	Nisbet, K.
Hill, G.	Richardson, M.

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N.	Executive Director - Adults, Ageing and Wellbeing
Burke, A.	Work Experience – Community Services
Everden, A.	Pharmacy Consultant to Public Health
Heatherington, A.	Senior Coroner for Northumberland
Jones, V.	Cabinet Member for Improving Public Health and Wellbeing
Lee, P.	Public Health Consultant
Lounton, K.	Interim Head of Community Services
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Caring for Adults
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

#### 9. MEMBERSHIP

To note the following changes in membership of the Health and Wellbeing Overview and Scrutiny Committee:

- To add Councillor C. Seymour to the committee.
- Councillor R. Dodd elected as Chair.

**RESOLVED** that the information be noted.

#### 10. APOLOGIES FOR ABSENCE

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

## 11. MINUTES

**RESOLVED** that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 11 July 2023, as circulated, be confirmed as a true record and signed by the Chair.

## 12. HEALTH AND WELLBEING BOARD

**RESOLVED** the minutes of the Health & Wellbeing Board held on 8 June 2023 and 10 August 2023 be noted.

## 13. NOTIFICATION OF CLOSURE OF 100-HOUR PHARMACY IN CRAMLINGTON

Members were informed of a report which was considered by the Health and Wellbeing Board on 11 August 2023 which advised of the closure of the 100-hour pharmacy, located in Sainsburys supermarket, Manor Walk, Cramlington. The pharmacy closed on 13 June 2023. (A copy of the report has been filed with the signed minutes).

Since the August Health and Wellbeing Board meeting news of further pharmacy closures and reductions in opening hours have continued, not just in Northumberland but nationally. (A copy of the update briefing has been filed with the signed minutes).

A. Everden, Pharmacy Consultant to Public Health drew members' attention to the main points of the reports and highlighted the following: -

- This issue was fast moving, and further closures and reductions had been made since the update briefing was drafted.
- Pharmacies within Tesco stores at Hexham and Berwick had indicated that they were to reduce their hours.
- Ashington was the only 100 hours pharmacy available although it was not known how sustainable this was in the current financial climate.
- There were rumours of other pharmacies in Northumberland either going into receivership or being put up for sale as the financial crisis in community pharmacy funding continued.
- Haydon Bridge Pharmacy had gone into administration, and it was unclear how many services would remain once the business was sold.
- Rural areas of the county would be the worst affected by these changes.

The following comments were made:-

- Discussion about the many reasons why people needed to access a pharmacy outside of the normal working day hours.

- The consequences of losing pharmaceutical services and what options would be available in an emergency.
- A concern that there would be an increase of patients at A&E departments if they could not access prescriptions at their local pharmacy.
- Unless a pharmacy was financially viable then there was a risk that it might close.
- Lloyds Pharmacies within Sainsburys stores had closed. Worryingly companies such as Boots, Asda and Tesco had all given notice to close some of their 100 hour pharmacies or reduced opening times.
- The pressures that would be faced by smaller pharmacies, particularly in Blyth due to all the recent changes.
- The changes across the county in pharmaceutical services would impact those patients and carers who worked shift patterns, did not have access to transport or needed access to urgent prescription medication.
- Bank holidays would become more of an issue when trying to access services.
- Confirmation that there may be a pharmacy at the new Berwick Hospital, but this would only be to provide medications to patients and assist doctors with prescribing medications within the hospital.
- Healthwatch suggested that there needed to be a strategic look across the whole of the county on this issue to understand fully the impact on patients and carers.
- Community pharmacy needed to meet the needs of the patient and carer. Issues associated with access to services, the range of services to be available, the supply of drugs and not being able to get prescriptions filled all needed to be investigated further.
- Some pharmacies offered a delivery service, but this was often at a cost to the pharmacy or the patient. Royal Mail also had a free delivery service available. However, all delivery services available had restrictions for the user such as needing to be at the address to sign for delivery of the medication.
- Northumbria Healthcare had been trialling a scheme where electrical drones would transport clinical supplies, prescriptions, blood packs and mail between hospitals.
- It was noted that the ICB was responsible for pharmacy.
- The current funding of community pharmacy implied that 100 hour pharmacies were unlikely to be commercially viable going forward.
- Community pharmacy was a restricted market with a contract needing to be awarded before a site could be established. There would be no advantage to having government run pharmacies as the current system was much cheaper.

Members agreed that this issue needed further scrutiny. It was suggested that a task and finish group be established with input from Healthwatch, Public Health and Northumberland ICB.

**RESOLVED** that:

- (a) the report and comments made be noted.

- (b) a Task and Finish Group be established to examine pharmaceutical services in the county.

**14. HM SENIOR CORONER ANDREW HETHERINGTON SENIOR CORONER FOR NORTH NORTHUMBERLAND AND ACTING SENIOR CORONER FOR SOUTH NORTHUMBERLAND ANNUAL REPORT**

The report provided an overview of the current position with regard to the coroner service in Northumberland following the last review in 2021 with a comparison of neighbouring areas, the number of deaths referred to Northumberland over the period, notable trends and patterns, an update on the area and the road ahead. (A copy of the report and powerpoint presentation has been filed with the signed minutes).

A. Hetherington, HM Senior Coroner and K. Lounton, Interim Head of Community Services raised the following key issues from the report:-

- The Coroner was an independent judicial officer appointed by, but not employed, by the County Council. This enabled total impartiality.
- The role of the Coroner was to investigate and possibly hold an inquest into violent or unnatural deaths, where the cause was unknown or a death which happened in custody or state detention.
- It was good practice to produce an Annual Report outlining the work, the challenges and achievements.
- In 2022, 2,023 cases were referred to the Coroner although many cases were discontinued when the death was found to be from natural causes. 270 open inquests had been held and 732 postmortems.
- There had been a slight increase in the number of deaths since 2019.
- NSECH at Cramlington received seriously unwell people from all over the region which had led to increased demand for the service as it was the place of death rather than the home address of the deceased which determined where the death was registered.
- There had been an increase in the number of suicide conclusions. One explanation could be the consequence of a change in the standard of proof from 'beyond reasonable doubt' to 'on the balance of probability'.
- It was not clear to what extent the COVID 19 pandemic may have affected the figures produced within the report.
- There were a number of areas of Review including the Lucy Letby Inquiry, Statutory Medical Examiner Scheme and Independent Review into patient safety concerns and governance processes related to the North East Ambulance Services (NEAS).

The following comments were made:-

- There was nothing to indicate that road traffic collisions were unduly high in Northumberland.
- The trends seen in Northumberland mirrored that of national trends.
- There did not seem to be link regarding suicides and access to mental health provision or that this trend seemed to be high in certain areas of the county. However, there did seem to be a link with misuse of drugs and suicides.

- A member gave their personal account of past struggles with mental health and attempted suicide. The Coroner expressed their sorrow about the challenges the councillor had previously faced.
- It was asked whether the issues identified within the report were taken up and acted upon. In response it was reported that under the Coroners and Justice Act 2009 a coroner was allowed to issue a Regulation 28 Report to an individual, organisations, local authorities or government departments and their agencies where the coroner believed that action should be taken to prevent further deaths. The Coroner had issued Regulation 28 Reports in the past and would continue to do so where he felt it necessary to do so.
- A worry that people struggling with debt or rising household bills could be more likely to develop mental health problems. The rise in online gambling addiction was also discussed.
- The purpose of an inquest was not to determine civil or criminal liability but who determine who the person was, where, when and how they died. Unfortunately understanding why there had been a death was often a question that a coroner could not provide.
- A comment that the farming industry often had a higher number of deaths due to it being a high-risk job, the dangerous equipment used, the isolation and financial pressures faced by the community.
- The number of deaths reported within the county each year and equating that to the size of an electoral ward within the county.

The Chair thanked A. Hetherington and K. Lounton for presenting the Annual Report of the Senior Coroner.

**RESOLVED** that the report be received.

## 15. REPORTS OF THE SCRUTINY OFFICER

### (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.

### (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.

### (c) Task and Finish Groups

To consider the Health and Wellbeing OSC Task and Finish Group Work Programme.

The following were put forward as topics for inclusion in future task and finish groups:

- Pharmaceutical Services.
- Defibrillators.
- Dentistry.

**RESOLVED** that the information be noted.

**16. DATE OF NEXT MEETING**

**RESOLVED** that the date of the next meeting be scheduled for Tuesday, 7 November 2023 at 1.00 p.m.

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

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



## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 14 September 2023 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A	Paterson, L (Substitute)
Bradley, N.	Simpson, E.
Conway, A.	Standfield, P.
Jones, V.	Syers, G.
Moulder, B. (Substitute)	

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Public Health Consultant
A Foster	CNTW Lead for Strategy and Sustainability
H Lawson	Senior Infection Prevention & Control Nurse
D Turnbull	Senior Public Health Manager

#### 22. APOLOGIES FOR ABSENCE

Apologies for absence were received from S. McCartney, V. McFarlane-Reid, R. Mitcheson and H. Snowdon.

#### 23. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 10 August 2023, as circulated, be confirmed as a true record and signed by the Chair.

#### 24. DISCLOSURE OF INTEREST

Peter Standfield declared an interest as he was an employee of a not for profit provider of residential and supported accommodation for the elderly.

#### 25. NORTHUMBERLAND AND NORTH TYNESIDE COMMUNITY INFECTION PREVENTION AND CONTROL STRATEGY 2023-28

Members received a presentation and report about the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy 2023-28. Approval was sought for the strategy goals and actions to achieve those goals. The report was presented by Dr. Jim Brown, Consultant in Public Health and Heather Lawson, Senior Infection Prevention & Control Nurse.

The following key points were raised:-

- The Strategy had been developed collaboratively with organisations across Northumberland and North Tyneside and aimed to minimise preventable harmful infections in community settings and to be as prepared as possible for any future infections or pandemics.
- A new Covid variant, Pirola, had emerged and there were cases in care homes in the east of England.
- The 2023 National Risk Register indicated the possibility of another pandemic within the next five years.
- The objectives of the Strategy aimed to identify the current position in community settings, identifying goals, how to achieve those goals and how to monitor achievement of the goals.
- The Strategy would cover the adult care sector, education, general practice and children's residential homes.
- The Strategy Group would review guidance and practice, hold focus groups and surveys and look at data from previous surveys, audits and visits.
- Currently, there were 4.8 WTE staff working in the community covering Northumberland and North Tyneside. The team offered training, direct support, collaborative working and audit.
- Key findings included:-
  - There was a lot of guidance available along with opportunities for additional training.
  - Cost and time were barriers in education and general practice.
  - Many staff felt the need to come to work even if they were unwell with an infection.
  - The team was highly respected and good relationships had developed during the pandemic.
- A survey of educational settings and GP staff had identified a number of barriers including cost of training and not all feeling the need for training.
- Vision – 'Our vision is for all health, care and education professionals working in the community to have the capability, opportunity, and motivation to implement infection prevention and control measures in their setting to protect those who use their services or live, work, or study in the settings.'
- Principals – to work as a whole system, work as partners to maximise the impact of the IPC by prioritising the deployment of the team, build resilience and capacity within the community by supporting and training key professionals.
- A series of goals had been identified, along with how they would be achieved and monitored.

The following comments and queries were raised:-

- There was concern raised about the possible shortage of Covid vaccinations in Northumberland and GPs would have to cancel clinics if this was the case. It was noted that it was hoped to complete vaccination of care home residents by the end of October and so supplies may be spread over a number of weeks. There were no issues with flu jab supplies.
- It was suggested that a more general communication programme be considered. This had been discussed within a working group. Communication could be added to the final action plan.
- Board Members should report back to their organisations to raise awareness to ensure that the plans in the strategy happened.
- Consideration of business continuity plans could be a way of targeting general practice.

**RESOLVED** that

- (1) the new Northumberland and North Tyneside Community Infection Prevention and Control Strategy be accepted.
- (2) the strategy goals and actions to achieve those goals be approved.

## **26. HEALTHY WEIGHT ALLIANCE**

Members received a report updating the Board on progress with the Healthy Weight Alliance (HWA). The report was presented by David Turnbull, Senior Public Health Manager.

David Turnbull reported that the Health Weight Alliance had arisen from a recommendation in the 2021/22 Director of Public Health Annual Report. Work on the Alliance had commenced prior to the Covid pandemic but been paused.

Nearly a third of children and two thirds of adults in Northumberland were overweight or obese. Children were becoming obese earlier and for longer. The Covid pandemic and the link to health inequalities, chronic disease and obesity were risk factors and it was important for Northumberland to build resilience into recovery plans as part of the prevention agenda. The current cost of living crisis was creating additional strain particularly for low-income families leading to the purchase of cheaper foods often with low nutritional value.

In May 2023, work on the Healthy Weight Alliance had recommenced with a Workshop attended by 45 delegates with a range of strategic roles within a range of various organisations. Five strategic themes had been identified:-

- System Leadership
- Commercial Determinants
- Health Promoting Environments

- System and Cultural Change
- Health Weight across the Life course.

Feedback from the workshop included:-

- Development of a food strategy for Northumberland.
- Design and development of where we live to maximise access to healthy foods and be physically active.
- Giving every child the best start in life.

Next Steps

- To host a second workshop to feedback to delegates and agree the priorities.
- The Healthy Weight Alliance would be chaired by Paul Jones, Director of Environment and Transport and membership would be drawn from senior staff from organisations across Northumberland.

Members welcomed the report which coincided with the refresh of the Joint Health & Wellbeing Strategy and inequalities work. It was hoped that when the Healthy Weight Alliance reported back to the Health & Wellbeing Board, it would be able to present some tangible changes. It was noted that longer term goals would include improvements to the built environment.

**RESOLVED** that

- (1) the establishment of Northumberland HWA be approved to bring agencies and communities together to ensure a co-ordinated approach to healthy weight.
- (2) the Northumberland HWA report to the Health & Wellbeing Board.
- (3) Responsibility be delegated to the HWA to deliver the Healthy Weight Declaration.

## **27. CUMBRIA, NORTHUMBERLAND, TYNE & WEAR NHS FOUNDATION TRUST'S (CNTW) NEW STRATEGY; 'WITH YOU IN MIND'**

Members received a report and presentation on CNTW's new strategy 'With You in Mind'. The report was presented by Anna Foster, Trust Lead for Strategy and Sustainability.

The following key issues were raised in a presentation:-

- CNTW's strategy was to build relationships and to make decisions based on what matters to people.
- CNTW was a large organisation and covered more than just mental health issues including mental wellbeing, learning disability, and autism. Secure services were provided in Morpeth.

- People and their needs were at the heart of the strategy which aimed to influence small, everyday decisions as well as big strategic decisions. The strategy was a guide rather than a blueprint. The organisation acknowledged that it could not do this on its own.
- The Strategy comprised:
  - Our commitments
  - Our vision and values
  - Our five strategic ambitions
    - Quality care, every day
    - Person-led care, where and when it is needed
    - A great place to work
    - Sustainable for the long term, innovating every day
    - Working with and for our communities
- Community Mental Health Transformation across the Region. A strategic objective from the CNTW Annual Plan was 'Improve community mental health services for adults and older people.'
- Working with the government and ICBs. Aim to prevent people from being admitted to hospital and to remain within the community.

The following comments were made:-

- An issue for CNTW was that it covered a very large area across the North East and this could cause challenges in getting to know its communities unless there was staff who concentrated on a particular area.
- CNTW was locality based with four different localities. Local leadership was important, and the Trust's approach was having a devolved leadership approach. Trust leads had the authority to adapt services to meet the needs of the local community.
- There would be a public mental health update at the November meeting of the Health & Wellbeing Board.

**RESOLVED** that the ethos and ambition of the Trust's new strategy be noted, in particular, the commitment to partnership working across the Health & Social Care system.

## 28. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

**29. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 12 October 2023, at 10.00 am in County Hall, Morpeth.

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

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



## Northumberland County Council

HEALTH AND WELLBEING BOARD

12TH OCTOBER 2023

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

**Report of Councillor(s)** Councillor Veronica Jones, Portfolio Holder / Cabinet Member for Improving Public Health and Wellbeing

**Responsible Officer(s):** Gill O'Neill, Executive Director for Public Health (DPH), Inequalities & Stronger Communities

#### **1. Link to Key Priorities of the Corporate Plan**

This report is relevant to the following priorities in the NCC Corporate Plan:

- 1. Achieving value for money:** Preventing illness typically has very high cost-effectiveness, and often yields a return on investment in terms of preventing hospital admissions and requirements for social care.<sup>1</sup> Integrated care can have a positive impact on quality, efficiency, and outcomes.<sup>2</sup> There is also considerable evidence on the cost-effectiveness of personalised care.<sup>3</sup>
- 2. Tackling inequalities:** Reducing inequalities in life expectancy and healthy life expectancy is the overall aim of the Joint Health and Wellbeing Strategy. This theme helps to achieve this aim by seeking: to prevent illness among people with the worst health (in particular those living in our least affluent areas); to drive integrated, coordinated, personalised care for people with greatest need (including people with multiple long-term conditions, and people with severe mental illness); and to reduce inequalities in access to, experiences of, and outcomes from healthcare and social care in Northumberland.
- 3. Driving economic growth:** By preventing illness and improving health, people can continue working and contributing to the economy for longer. Effective, equitable care can also enable people who are most likely to experience illnesses early in life to continue in work or return to work. This refresh reinforces the need for our large employers (anchor institutions) to maximise their corporate social value responsibilities, which contributes to local, inclusive economic growth.

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

- To update the Board on achievements against the theme of 'Adopting a whole system approach to health and care' in the Northumberland Joint Health and Wellbeing Strategy 2018-28; and

- To refresh and propose amendments to priorities, actions, and indicators or evidence of achievement for this theme

### 3. Recommendations

The Board is recommended:

- To note and comment on achievements described in this report; and
- To agree to the proposed amendments to priorities, actions, and indicators or evidence of achievement for the theme.

### 4. Key Issues

1. Adopting a whole system approach to health and care' is one of four themes of the Northumberland 2018-28 Joint Health and Wellbeing Strategy (JHWS). This theme seeks to maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland and reducing health inequalities.
2. This theme has had three priorities:
  - Refocus and prioritise prevention and health promotion;
  - Improve quality and value for money in the health and (social) care system (integration); and
  - Ensure access to services that contribute to health and wellbeing are fair and equitable.
3. The Northumberland System Transformation Board agreed to take ownership of this theme and set up a cross-sector group to review achievements to date, and review and refresh actions and indicators of progress.
4. The member lead for this theme is Councillor Veronica Jones, Portfolio Holder / Cabinet Member for Improving Public Health and Wellbeing; the elected member sponsor is Councillor Paul Ezhilchelvan, Chair of Northumberland Health and Wellbeing Board; the director sponsors are Rachel Mitcheson, Director of Place – Northumberland, North East and North Cumbria Integrated Care Board and Dr Alistair Blair, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust / GP partner at Valens Medical Partnership; and the NCC lead officer is Jim Brown, Consultant in Public Health.
5. Since 2017/18, there have been improvements in smoking prevalence and percentage of physically active adults, but a worsening trend in alcohol-related hospital admissions and self-reported wellbeing.
6. Although the COVID-19 pandemic was a clear setback for the system-wide focus on ill health prevention and health promotion, considerable work has been undertaken by all partner organisations across tobacco, alcohol, healthy weight, physical activity, oral health, physical health checks for people with severe mental illness or learning disabilities, NHS Health Checks, and Making Every Contact Count.
7. For indicators relating to integration, since 2017/18 there has been minimal change in social care-related or carer-reported quality of life, or people who use services who have control over their daily life. Permanent admissions to residential and nursing care homes have reduced. Up to 2019/20, delayed transfers of care were increasing in Northumberland but remained well below the England average.
8. This report describes numerous examples of integration that has occurred across different levels within Northumberland: across sectors, such as healthcare, public health, education, social care, and the voluntary and community sector; and between physical and mental healthcare.



9. Many programmes of work have been developed by Board member organisations to improve equity of access to key services. Examples include: respiratory in-reach in drug and alcohol services; inequalities dashboards; health equity audits of NHS Health Checks; and reducing inequalities in access to colposcopy; and midwife vaccinators.
10. It is proposed that the priorities for this 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.
11. Actions and indicators or evidence of achievement have been refreshed as shown in Table 4 below. Key new actions cover cardiovascular disease prevention, physical health checks for people with severe mental illness or learning disability, integrated neighbourhood teams, service user and resident involvement, screening and vaccination inequalities, and health equity audit.

## 5. Background

### 5.1 Introduction

'Adopting a whole system approach to health and care' is one of four themes of the Northumberland 2018-28 Joint Health and Wellbeing Strategy (JHWS). This theme seeks to maximise value from, and sustainability of, health and social care and other public services for improving the health of the people of Northumberland and reducing health inequalities.

The theme currently includes three priorities:

- Refocus and prioritise prevention and health promotion;
- Improve quality and value for money in the health and (social) care system (integration); and
- Ensure access to services that contribute to health and wellbeing are fair and equitable.





It was agreed in April 2023 that the Northumberland System Transformation Board, which is also the North East and North Cumbria (NENC) Integrated Care Board (ICB) Place Committee for Northumberland, would take ownership of this theme. A task and finish group was set up to review achievements to date, and review and refresh actions and indicators of progress. This group includes representatives from Northumberland County Council (NCC) Public Health and Adult Services teams, the ICB in Northumberland, Northumberland Primary Care Networks (PCNs), Northumbria Healthcare NHS Foundation Trust (NHCT), Cumbria Northumberland and Tyne and Wear NHS Foundation Trust (CNTW), and Healthwatch Northumberland.

## 5.2 Where are we now and what have we achieved in 5 years?

### 5.2.1 Priority 1: Refocus and prioritise prevention and health promotion

- **Where are we now?**

**Table 1:** Updated data on indicators on ill health prevention in the Joint Health and Wellbeing Strategy

Indicator	Northumberland value	England value	Time period	Trend since 2017/18
Smoking prevalence in adults	11.8%	13.0%	2021	
Rate of hospital admissions for alcohol-related conditions (rate per 100,000)	768	494	2021/22	*
Percentage of physically active adults	70.1%	67.3%	2021/22	
Percentage of physically inactive adults	22.6%	22.3%		
Self-reported wellbeing (people with a low satisfaction score)	5.1%	5.0%	2021/22	

\*Method of calculation changed in 2021/22

There has been a gradual decrease in adult smoking prevalence in Northumberland in the first 4 years of the strategy, and prevalence remains below that of England and the North East. However, there remains further work to reach the target of 5% or less by 2030. Whilst rates of physical activity and inactivity have varied since 2017/18, there is an increasing trend in the percentage of physically active adults (who do at least 150 minutes of physical activity per week). However, the trend is flat for the percentage of physically inactive adults (who do less than 30 minutes per week).

Owing to changes from 2021/22 in the method of calculating hospital admissions for alcohol-related conditions, it is not possible to make direct comparisons over time. However, the trend between 2015/16 and 2018/19 was increasing in Northumberland and rates remain significantly higher than the England average.

These four indicators remain important to monitor system progress against this priority. (Please note that healthy weight indicators are included in the 'Give children and young people the best start in life' theme.)

Self-reported wellbeing (people with a low satisfaction report) was 3.8% in 2017/18, worsened to 6.5% in 2019/20, and reduced again in 2021/22 to 5.1%, which is worse than the England average. It is proposed that this indicator is removed because it is not specific to this theme, though it could be included as a strategy-wide indicator.

- **What have we achieved?**

The COVID pandemic resulted in a clear setback for the system-wide focus on ill health prevention and health promotion. However, organisations and sectors have reiterated their intentions to collaborate to improve the health of the population and reduce inequalities through the Northumberland Inequalities Plan,<sup>4</sup> the NENC Integrated Care Partnership (ICP) strategy,<sup>5</sup> and organisational strategies.

Progress in reducing smoking, increasing physical activity and healthy weight, reducing alcohol use, and improving oral health have accelerated since the height of the pandemic. We have seen the development of: an active Tobacco Control Partnership and refreshed Tobacco Control Plan led by NCC Public Health,<sup>6</sup> a system-wide Northumberland Physical Activity strategy with clear governance for its implementation,<sup>7</sup> an Integrated Care System (ICS) alcohol steering group and alcohol priority work plan,<sup>8</sup> and a Northumberland Oral Health Strategy which outlines the oral health promotion activities being undertaken across multiple agencies.<sup>9</sup> The Healthy Weight Declaration has been signed by all partners and a Northumberland Healthy Weight Alliance is in development to lead the whole system approach needed to address this complex, multifactorial risk factor.<sup>10</sup> There has also been additional investment in drug and alcohol services.<sup>11</sup>

Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. In 2018, we said we would embed MECC across the whole system so that as many people as possible are trained to have these conversations. Since then, over 1000 frontline staff in Northumberland, volunteers and residents have been trained in MECC and over 100 as MECC trainers, in the NHS, the Council (including the Fire and Rescue Service), Active Northumberland, Rise (the sports partnership), social housing providers, residents' associations, and numerous voluntary and community sector (VCS) organisations. Work is ongoing to understand the impact of training, in particular the 'train the trainer' approaches.

NHCT's public health priorities are articulated through their Prevention and Population Health Strategy which recognises the key role of the NHS in preventing ill health, improving health and wellbeing, and reducing health inequalities. Examples of actions include the implementation of:

- Tobacco dependency treatment services, ensuring all maternity patients and patients admitted to secondary care are offered effective and evidence-based treatments.
- Social prescribing in pilot care pathways through the health coach service, helping patients improve their health, wellbeing, and social welfare by connecting them to community services which might be run by the council or a local charity.
- Active Hospital programme which aims to promote physical activity in patients' treatment and recovery.
- Staff health and wellbeing needs assessment and comprehensive plan to improve staff health, particularly those on lower incomes.
- Approaches to minimise the impact of poverty on patient outcomes through collaboration with Children North East to establish two 'poverty proofing pilots'.

In CNTW, there is comprehensive support for people with mental illness to stop smoking, who often have a high prevalence of smoking and smoking-related disease. The QUIT team supports inpatients who smoke including after discharge and has developed a training package which is being rolled out to staff – brief interventions in smoking cessation in Mental Health Settings. In the community, staff provide brief advice and offer patients a referral to the stop smoking service. 'A Weight Off Your Mind' (AWOYM) is the regional healthy weight plan that CNTW developed with other partners in the region.

**Box 1: Improving health of people with severe mental illness or learning disability**

People with severe mental illness (SMI) on average die 15-20 years earlier than the general population.<sup>12</sup> They have higher prevalence of smoking, obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, and heart failure.<sup>13</sup>

The ICB in Northumberland has been working for a while to improve uptake of physical health checks for people with SMI. This has been delivered through primary care commissioned services where our GPs are incentivised to offer the extended physical health care check, and by a commissioned SMI outreach team provided by the voluntary sector organisation, Everyturn. This service works closely with our PCNs to identify those people who have not attended for checks and to proactively encourage and support people to attend for their check. They also take a holistic view of the individual, so if there are other issues that require intervention such housing, relationships, or finance, they can sign post or support the person to access relevant services. Both these initiatives have had significant success with the uptake of physical health checks rising from on average of around 30% to the most recent figures as of July 2023 reaching 72%.

A related project has been running for the last 12 months with the aim of providing intensive but flexible support for people on general practice SMI registers to access stop smoking support from the NCC Public Health Stop Smoking Service. As of July 2023, the project has supported 68 patients. The aim is to build capacity and sustainability by training and utilising other key services in delivery.

People with learning disability also have shorter life expectancy than the general population, by 27 years for women and 22 years for men.<sup>14</sup> The ICB has also been working with PCNs to improve the uptake of Learning Disability Annual Health Checks, which are effective in detecting and addressing unmet health needs.

**5.2.2 Priority 2: Improve quality and value for money in the health and (social) care system (integration)**

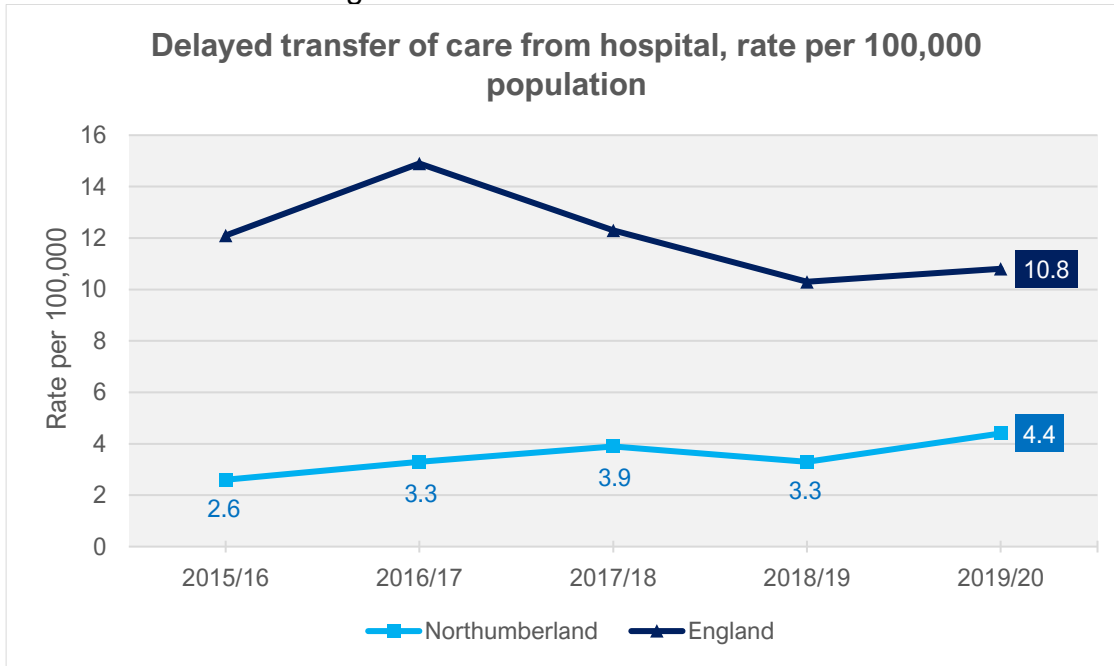
- **Where are we now?**

**Table 2:** Updated data on integration indicators in the Joint Health and Wellbeing Strategy

Indicator	Northumberland value	England value	Time period	Trend
Social care-related quality of life	19.4%	18.9%	2021/22	→
Carer-reported quality of life	8.2%	7.3%	2021/22	→
Delayed transfer of care from hospital per 100,000 population	4.4	10.8	2019/20*	↑
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	601	539	2021/22	↓
People who use services who have control over their daily life	81.9%	77.3%	2019/20	→

\*Data no longer collected after 2020

**Figure 1.** Rate of delayed transfers of care from hospital per 100,000 population in Northumberland and England between 2015/16 and 2019/20



For most indicators, the picture since 2018 has been flat or improving where data are available. Up to 2019/20, delayed transfers of care (DTOC) were increasing in Northumberland but remained well below the England average – see Figure 1. Since then, the DTOC metric is no longer being collected.<sup>15</sup> A suite of measures is now published at regional, system, and provider organisation level, but not at local authority level.<sup>16</sup>

- **What have we achieved?**

In 2018, we said we would take a systematic approach to integration: look at where we can pool and align budgets across health and social care; and jointly commission health and care services so they are more person-centred and coordinated. Since then, integration has occurred across different levels within Northumberland: across sectors, such as healthcare, public health, education, social care, and the VCS; and across physical and mental healthcare. See Boxes 2 and 3 for case studies.

A recent report to the Health and Wellbeing Board outlined plans to progress a children and young people’s (CYP’s) model for integrated system working.<sup>17</sup> The ambition is to achieve a state of shared leadership, planning, and delivery so that CYP and families receive joined up support from all aspects of health, education and social care from prevention and early intervention through to treatment and recovery and including building on existing assets. An example is the delivery of mental wellbeing support for children and families in Family Hubs. Further information is available in the ‘sister’ report on the JHWS theme of ‘Giving children and young people the best start in life’.

**Box 2: Integrated commissioning between NHS and NCC Adult Social Care**

There have been several examples of integrated commissioning between Northumberland Clinical Commissioning Group (CCG), now NENC ICB in Northumberland, and the Council's Adult Services team. There has been a Director of Integration and Transformation working across the Council and CCG/ICB. In addition to the mandated Better Care Fund partnership arrangement between the Council and the ICB, there is a section 75 partnership between the Council and the ICB (originally entered into with Northumberland CCG) under which the Council has operational responsibility for commissioning continuing healthcare (CHC) and mental health after-care (Section 117) services from independent sector providers, and for case management and financial processing for CHC. Benefits of this partnership include seamless transitions when people's eligibility changes to a different funding source, and economies of scale in commissioning, financial processing, and the arrangement and monitoring of personal health budgets and personal budgets for social care.

One specific benefit has been the improvement in the quality of older persons' care homes. Integrated commissioning has enabled commissioners to link the fee rate paid to providers to the CQC rating of each home as a way of incentivising providers to improve their quality rating. The introduction of this contract clause also enabled Council and NHS services (such as infection prevention and control) to place more emphasis on supporting providers to improve the quality of their services rather than undertake quality assessments to determine the providers fee levels. This led to major improvements in quality rating of older persons' care homes (see Table 3).

Following the ending in October 2021 of the previous partnership between Council and NHCT, under which most operational statutory adult social care functions of the Council were performed by staff employed by NHCT, the Council has been focusing on developing closer joint working arrangements with GP practices and PCNs, and with mental health services operated by CNTW, as well as aiming to maintain joint arrangements with NHCT, particularly to support hospital discharge.

In line with this change of focus, the adult social care community teams responsible for assessment and care coordination were reorganised in April 2022 into: care and support teams, which work with people whose main contact with NHS community services is likely to be with primary care and community nursing; and specialist teams, which work with people whose primary contact with NHS professionals is likely to be with CNTW specialist services, such as community mental health teams, learning disability services, or substance misuse services. The Council continues to operate a HomeSafe team based in NHCT hospitals, whose primary function is to ensure that urgent arrangements are in place to enable people to leave hospital once they are medically fit.

**Table 3.** CQC ratings of older persons' care homes in Northumberland

Rating	April 2017		July 2023	
	Number of homes	Percentage	Number of homes	Percentage
Good or Outstanding	39	57.4%	59	83.1%
Requires improvement	24	35%	10	14.1%
Not rated	5	7.4%	2	2.8%
Total	68	100%	71	100%

**Box 3: Integrated mental health delivery**

The delivery of Northumberland's Community Mental Health Transformation (CMHT) is derived from the national programme set out in the NHS Long Term Plan<sup>18</sup> to help adults with severe mental illness to access care and support in a new, more joined up and effective way, regardless of their diagnosis or level of complexity.

This is about offering flexible, innovative, personalised care and support that responds to an individual's mental health needs and preferences close to home, while also increasing support for the wider factors that can impact wellbeing, such as employment, housing, and physical health. The work acknowledges the importance and diversity of communities, helping people to feel included and have a sense of purpose and identity.

To do this, health and care providers are working more closely together, based within Primary Care Networks, alongside NCC and VCS organisations who all play an equal role in delivering our community mental health transformation. The work values the involvement of our Northumberland residents, including experts by experience, to inform our work. Workshops have taken place in several Northumberland communities.

An example of integration resulting from CMHT has been the development of the CNTW HOPE team, commissioned to offer a place-based PCN service to Northumberland residents who would benefit from first line intervention for complex emotional needs and emotional regulation work. In addition, an adult eating disorder service has been developed which meets NICE guidance and provides physical health support to practices and individuals.

The [Northumberland Recovery College](#) (NRC) is a service set up at the inception of CMHT. It offers a range of courses and groups to all Northumberland residents, shares information around improving and maintaining health and wellbeing (including mental health), runs development groups which represent all locality areas across Northumberland, manages the newly formed VCSE MH Alliance which administers grants to VCSE organisations including grassroots, and provides a perinatal link worker service.

The development of PCNs typically covering populations of 30,000 to 50,000 people has seen collaboration between General Practice teams and the Council's Public Health and Adult Social Care teams, VCS organisations, Children's Services, and many others in using data to deliver population health management, health inequalities, and proactive social prescribing plans that have had an important impact on the health of their

populations as detailed in a recent report to the Health and Wellbeing Board.<sup>19</sup> We have seen collaboration between staff employed in new roles in PCNs, including social prescribing link workers, health and wellbeing coaches, and care coordinators, with locality coordinators and support planners in Northumberland Communities Together (part of NCC) and health coaches in NHCT. The development of Integrated Neighbourhood Teams across similar populations is a recommendation of the Fuller Stocktake<sup>20</sup> and included in the draft NENC ICB Place Plan for Northumberland.

In 2018, we said we would continue work to ensure care professionals can access electronic patient records from wherever they work in the system. Since then, we have seen major developments in the implementation of the Health Information Exchange whereby staff across different healthcare sectors can access key clinical information for patients. Many different teams share use SystmOne, which enables more effective sharing of data between services. NCC and NHCT have recently appointed a joint Public Health intelligence specialist as well as a joint intelligence apprentice who can work across organisations to facilitate data sharing and collaborative working.

We also said in 2018 that we would develop a social value framework and embed social value considerations into all policies, decisions, and public procurement. Whilst a shared social value framework has not been developed, each major organisation has committed to deliver social value considerations into all policies, decisions, and public procurement. Northumbria Healthcare has committed to its role in improving the social and economic wellbeing of the population it services in its Community Promise.<sup>21</sup> The Council has reiterated its commitment in its Corporate Plan 2023-26 to delivering good outcomes, value for money, and social value in its spending decisions. Cumbria Northumberland and Tyne and Wear NHS Foundation Trust, in its recently published strategy 'With You in Mind', also plans to use its power as an employer, as a purchaser, and as a landlord to reduce inequalities.<sup>22</sup> All three organisations have committed to deliver the Northumberland Inequalities Plan which states that: "Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses".<sup>4</sup>

### **5.2.3 Priority 3: Ensure access to services that contribute to health and wellbeing are fair and equitable**

- **Where are we now?**

The indicators of progress for this priority were 'Inequalities in access to key services (e.g. such as common surgical procedures by deprivation)', and so not clearly defined. Up to September 2022, people living in less deprived areas of Northumberland were more likely to have a hip or knee replacement. However, the data was not adjusted for age (or sex): people living in less deprived areas live longer, therefore potentially increasing the number in those areas with more severe osteoarthritis requiring joint replacement in those areas.

- **What have we achieved?**

Numerous programmes of work have been developed by NHCT, NCC, and CNTW to improve equity of access to care. NHCT has an established Health Inequalities Programme Board (HIPB) to provide a strategic and proactive lens on healthcare inequalities and to support our system level response to the wider factors affecting health. The Board includes leaders from across the Trust, local partners, and stakeholders including local authorities, primary care, academic, and voluntary and community sector representatives. The programme board has three core objectives:



- i. To normalise the quantifying of inequalities across the Trust's activity;
- ii. To implement pilots aimed at reducing inequalities where they are greatest; and
- iii. Working with local partners to influence the drivers of inequalities in health.

Examples of work overseen by the HIPB include:

- Mitigating against digital exclusion by ensuring that data is collected on at-risk groups and those with the most complex needs to ensure that dynamic advances in health technology being adopted across the Trust help tackle rather than reinforce health inequalities.
- Piloting a quality improvement approach in the colposcopy service to better understand and address the barriers that prevent some people from attending appointments and co-producing interventions which support attendance.
- Funding from NCC Public Health and the NHCT charity Bright Northumbria is enabling a project to detect lung cancer earlier in people with COPD aged 55-74 years. This is focused initially in Valens Medical Group but will be expanded with funding from the Northern Cancer Alliance to cover other areas and not only people with COPD but also smokers and ex-smokers. Areas with higher deprivation and smoking prevalence will be prioritised.
- Using funding from the NENC ICS Health Inequalities Fund, midwife vaccinators are providing targeted support to pregnant women living in more deprived areas to have vaccinations, including against COVID, flu, and whooping cough.
- Developing inequalities dashboards across a range of different areas including: Gynaecology; Health Whilst Waiting – Orthopaedics; Outpatients; and Antibiotic Prescribing.

The opportunity going forward is to develop interventions to address identified inequalities, working in partnership and collaboration with system partners.

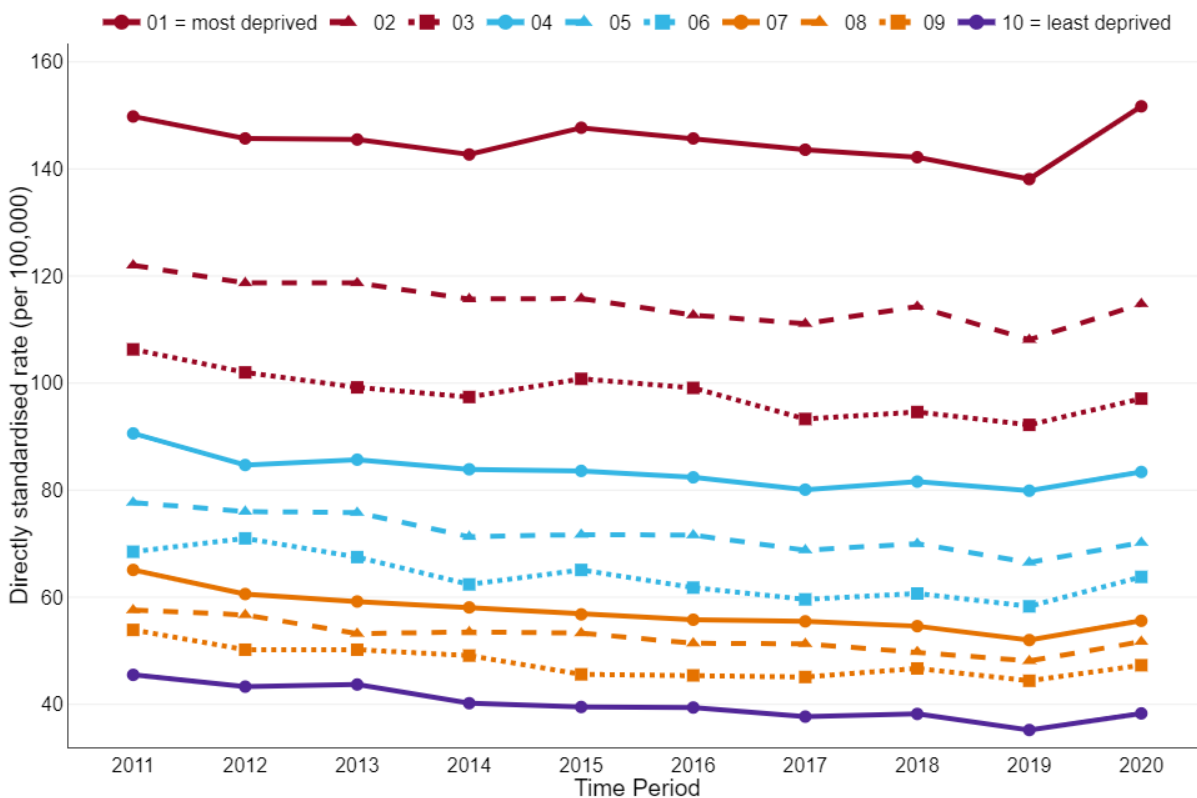
Funding from the NENC ICS Health Inequalities Fund is also contributing to a respiratory team from NHCT providing a one-stop clinic within the drug and alcohol treatment and recovery service (Northumberland Recovery Project, provided by CNTW) in Northumberland to support early detection and effective management of chronic obstructive pulmonary disease and other respiratory conditions among service users. People with substance user disorders have high rates of respiratory illness due to disproportionate levels of smoking, which contribute to premature death and poor health. They are also less likely to use routine healthcare services owing to several identified barriers to access.

One tool for systematically assessing healthcare inequalities is health equity audit (HEA). HEA is a process that examines how health determinants, access to relevant health services, and related outcomes are distributed across the population.<sup>23</sup> A HEA of the NHS Health Checks programme in Northumberland found that people living in more deprived areas of Northumberland, men, and people 40-60 years of age were less likely to have an NHS Health Check (a risk assessment for cardiovascular disease including measurement of blood pressure, family history, physical activity, weight, height, cholesterol, and risk of diabetes, and management of the risk). As a result, the NCC Public Health team has implemented a community outreach programme in which health trainers are visiting workplaces, social venues, VCS organisations, and other agencies and locations to offer NHS Health Checks to people who would not otherwise attend their GP for the check. A health equity audit of leisure service is also nearing completion.

### 5.3 Proposals for new priorities, actions, and indicators for 2023-28

The COVID pandemic has reinforced the need to redouble efforts: to prevent diseases from occurring and for the early detection of risk factors and treatable diseases; for whole system approaches involving partnership, collaboration, and integration; and for work to ensure equitable access to services. Premature mortality (under 75 years of age) from cardiovascular disease increased during COVID in all groups, but disproportionately among people living in more deprived areas<sup>24</sup> – see Figure 2. Waiting lists for elective activity also worsened. However, we also saw incredible partnership working in Northumberland, for example to support care homes and in the implementation of the COVID vaccination programme.

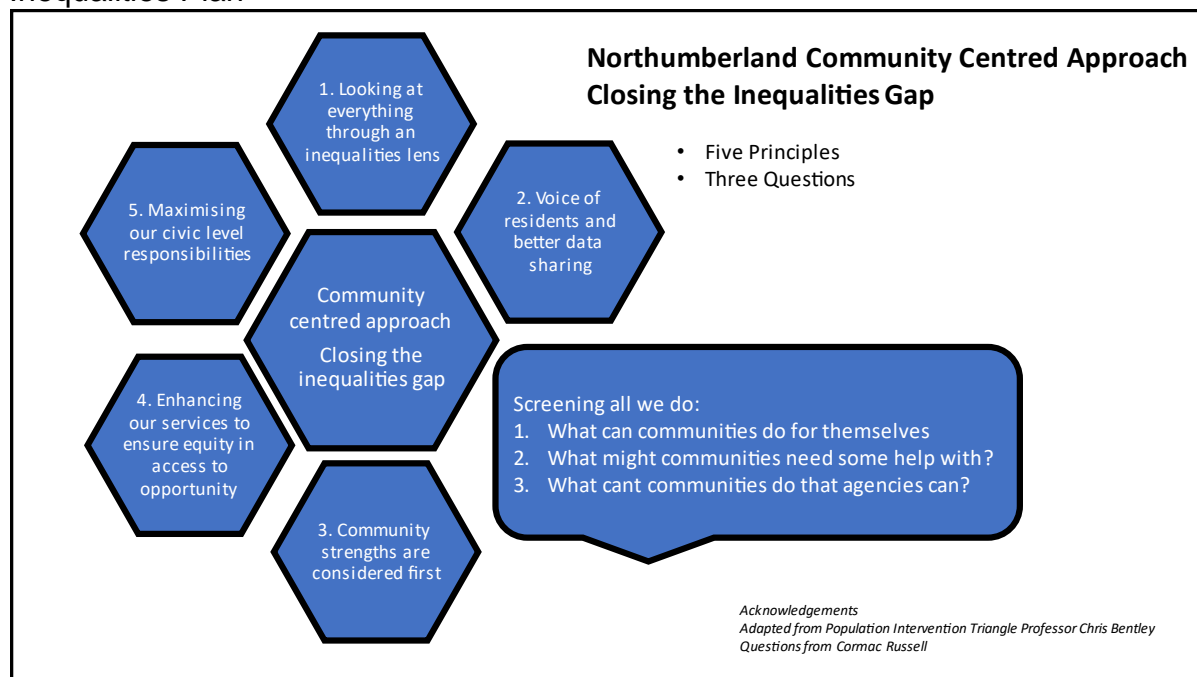
**Figure 2:** Under 75 mortality rate from all cardiovascular diseases in England by national IMD decile of LSOA of residence between 2011 and 2020



Since the release of the Joint Health and Wellbeing Strategy, we have also seen the publication of the NHS Long Term Plan<sup>18</sup> and the development of Integrated Care Systems and Integrated Care Partnerships,<sup>25</sup> the Northumberland Inequalities Plan,<sup>4</sup> the Core20PLUS5 approach to reducing healthcare inequalities,<sup>26</sup> the NENC ICP Strategy,<sup>5</sup> a draft Northumberland Place Plan, a new NCC Corporate Plan, a new NHCT strategy,<sup>27</sup> a new CNTW strategy,<sup>22</sup> and a soon-to-be-published updated Healthwatch Northumberland strategic plan 2023-26. The refreshed actions and indicators of progress for this theme for the next 5 years attempt to align where possible with these plans and strategies, each of which have tackling inequalities at their heart.

The Inequalities Plan has 5 principles and 3 screening questions as shown in Figure 3.

**Figure 3:** Five principles and three screening questions underpinning the Northumberland Inequalities Plan



Integration was a key theme that came out of the locality events that helped to develop the Northumberland Inequalities Plan. Relevant actions in the plan are:

- Develop a system wide intelligence strategy.
- Work across the system to ensure Axium as the shared 'data lake' is implemented and delivering for population health management (PHM).
- Integrated working and pooling resources where relevant to do so – starting with best start in life and families as our “leading the way” example.
- Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing local people and procuring from local supply chains and encouraging local businesses.

One of the major recommendations of the Fuller Stocktake of General Practice is the development of integrated neighbourhood teams (INTs).<sup>20</sup> These are teams from across PCNs, wider primary care providers, secondary care teams (including community services), and care staff work together for neighbourhoods of 30-50,000 people to share resources and information, forming multidisciplinary teams dedicated to improving the health and wellbeing of a local community and tackling inequalities. Establishing INTs is also a priority area objective of the Northumberland Place Plan.

It is worth also noting that the evidence on the effectiveness of integrated care is mixed. Whilst there is evidence from low quality studies that integrated care can have a positive impact on quality, efficiency, and outcomes,<sup>2</sup> it has been suggested that “there is limited evidence that policies in any of the UK countries have made a difference to patients, or to how well services are integrated”.<sup>28</sup> All commentators agree that relationships are key, and a focus on how integrated care is achieved and the key ingredients needed is vital.<sup>28 29</sup> All strategies and plans prioritise community voice and involvement in the planning and implementation of programmes. Working in partnership with people and communities is a statutory function of ICBs.<sup>30</sup>

Table 4 outlines proposed changes in priorities, actions, and indicators of progress for 2023-28 for the theme 'Whole system approach to health and care'. They take into account the new challenges and organisational and system plans and strategies described above.

**Table 4:** Proposed refreshed priorities, actions, and indicators or evidence of progress for the Northumberland Joint Health and Wellbeing Strategy theme of 'Adopting a whole system approach to health and care'

Priority and action	Indicators or evidence of progress
<b>Priority 1: Refocus and prioritise prevention and health promotion</b>	
Promote training and implementation of Making Every Contact Count across all frontline services	Number of frontline staff, volunteers and residents trained in MECC
Adopt whole system approaches to tobacco, alcohol, healthy weight, physical activity, and oral health	Smoking prevalence in adults  Rate of hospital admissions for alcohol-related conditions (rate per 100,000)  Percentage of physically active adults  Percentage of physically inactive adults  Tooth extractions due to decay for children admitted to hospital, aged 10 years or under per 100,000 resident population  [Indicators of healthy weight included under 'Giving children and young people the best start in life' theme]
Intensify approaches to the early identification and management of risk factors for cardiovascular disease: hypertension, raised cholesterol, and atrial fibrillation	Under 75 mortality rate from all cardiovascular diseases  Patients (aged 45+ years), who have a record of blood pressure in the last 5 years  Patients with atrial fibrillation whose latest record of a CHADS2DS2-VASc score is greater than or equal to 2 who are currently treated with anti-coagulation therapy
Increase annual physical health checks for people with severe mental illness (SMI) or learning disability (LD)	Proportion of people with SMI who have received the complete list of physical health checks in the preceding 12 months (monitoring proportions using number on SMI registers and expected registers as denominators).  Proportion of people on LD registers aged 14 years or over who have received a LD Annual Health Check in the preceding year.
Large employers (anchor institutions) maximise their corporate social value responsibilities – training and employing	Progress against commitments described annually

<p>local people and procuring from local supply chains and encouraging local businesses.</p>	
<p><b>Priority 2: Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system [note amended wording]</b></p>	
<p>Establish integrated neighbourhood teams across Northumberland</p>	<p>Number of integrated neighbourhood teams</p> <p>Members and activities of teams described annually</p> <p>Unplanned hospitalisation for chronic ambulatory care sensitive conditions</p> <p>Referrals to mental health crisis services</p> <p>Proportion of people feeling supported to manage their condition</p> <p>People who use services who have control over their daily life</p>
<p>Develop a system wide intelligence strategy</p>	<p>Development described annually</p>
<p>Use population health management approaches that use existing data (including the Joint Strategic Needs and Assets Assessment [JSNAA]) more effectively and seek to link patient / resident / service user data where possible and appropriate</p>	<p>Development of data use and linkage described annually</p>
<p>Ensure that patients, service users, carers, and residents are involved and engaged equitably in decisions about the commissioning, planning, and delivery of healthcare and social care, and in decisions about their own care</p>	<p>Public engagement reports with recommendations and actions</p> <p>Tender documentation references learning from engagement</p> <p>Service specifications reflect learning from engagement and methods of ongoing engagement, and performance indicators include measures of involvement (for example, shared decision making)</p> <p>Evaluation/end of project reporting includes service user experience and commissioner / provider reflection on experience / learning</p>
<p><b>Priority 3: Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable [note amended wording]</b></p>	
<p>Monitor inequalities in access to and outcomes from elective activity in secondary care</p>	<p>Annually reporting on inequalities in access for agreed elective activity</p>
<p>Identify elective activity where there are socioeconomic and other inequities and work collaboratively to address them</p>	

Monitor and reduce inequalities in uptake of screening and vaccinations	Inequalities in uptake of COVID, seasonal influenza, childhood, pregnancy, and shingles vaccinations.  Inequalities in uptake of cancer screening, and screening for abdominal aortic aneurysm
Undertake a programme of health equity audits (HEAs) of services that contribute to health and wellbeing e.g. sexual health services	Reports of HEAs and indicators as identified in HEAs

## 6. Implications

<b>Policy</b>	This paper updates the theme of 'whole system approach to health and care' of the Northumberland Joint Health and Wellbeing Strategy. It considers and seeks to align with other organisational and Integrated Care Partnership strategies and plans
<b>Finance and value for money</b>	It is not anticipated that the refreshed actions will require additional funding outside of existing plans. However, they will require additional implementation plans which may articulate the need for additional funding. Each of the actions are national recommendations and/or have a strong evidence base to support their effectiveness or cost-effectiveness
<b>Legal</b>	There may be legal and information governance issues in relation to the development of linked data sets that will need to be explored further
<b>Procurement</b>	There are no specific requirements for procurement articulated in this report, though further implementation may necessitate procurement, e.g. use of Axiom for linking data sets
<b>Human resources</b>	No new recruitment is identified. However, system partners will need to devote resources in terms of staff / officer time to deliver these actions
<b>Property</b>	There are no specific implications for estates, though some actions such as the development of integrated neighbourhood teams may require locations for activities such as multi-disciplinary meetings. This can probably make use of existing estates
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No - not required at this point  An equalities impact assessment has not been carried out. However, the refreshed actions are specifically aimed at reducing health inequalities e.g. actions to promote physical health checks for people with SMI or LD
<b>Risk assessment</b>	A risk assessment has not been undertaken, though risk assessments may be needed as part of further implementation

<b>Crime and disorder</b>	No specific implications
<b>Customer considerations</b>	The refreshed actions are intended to improve customer / patient / service user access, experience, and outcomes
<b>Carbon reduction</b>	No specific implications, though social value considerations should include carbon reduction
<b>Health and wellbeing</b>	This report is explicitly intending to improve the health and wellbeing of the population of Northumberland and reduce health inequalities
<b>Wards</b>	All wards

## 7. Background papers

See References at the end of this report

## 8. Author and Contact Details

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## Northumberland County Council

Health and Wellbeing OSC

Tuesday, 7 November 2023

### **Welfare Rights report 2019-2023**

**Report of Councillor(s)** Wendy Pattison, Cabinet Member for Caring for Adults

**Responsible Officer(s):** Neil Bradley, Executive Director for Adults, Ageing & Wellbeing

#### **1. Link to Key Priorities of the Corporate Plan**

This report is relevant to the Tackling Inequalities priority in the Corporate Plan.

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

The annual report in the appendix updates Members about the activities of the Welfare Rights Advisory Unit for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2023, and on key current issues about supporting people with benefits during a time of ongoing major changes to the benefits system.

#### **3. Recommendations**

3.1 None – this report is for information only.

#### **4. Forward plan date and reason for urgency if applicable**

Not applicable

#### **5. Background**

##### **The welfare rights unit**

5.1 The Welfare Rights Advisory Unit provides staff in adult social care and children's services, and the voluntary and community sector, with training and access to email and telephone advice. (It does not usually provide advice directly to the public or to users of adult and children's services, except in complex cases.)

5.2 Social care staff, backed up by the expert advice provided by welfare rights officers, are then able to maximise the incomes of older and disabled residents and families in need in Northumberland.

5.3 Further information about the work of the welfare rights team can be found in the appendix to this report.

### Changes to the benefits system

5.4 Much of the current Welfare Reform programme began in April 2011 under the Coalition Government. These changes accelerated the implementation of some changes arising from legislation created under the previous Government and added further major reforms. Further extensive transformation of the benefits system was introduced by the Welfare Reform and Work Act 2016. During the following years, including the period of this report 2019-2023, we have seen the ongoing implementation of changes that were introduced, but only partially completed, under earlier Governments.

5.5 Among the main current issues, highlighted in the appendix to this report, are:

- The continuing migration of existing legacy benefit claimants onto Universal Credit
- The impact of changes to qualifying ages for “mixed age” older couples claiming means tested benefits including Pension Credit and Housing Benefit
- Changes to the way some benefits are administered by DWP.

5.6 With almost every benefit and tax credit being changed and delays to the managed migration programme for disabled people claiming one of the main legacy benefits (Employment and Support Allowance) welfare rights knowledge and expertise continues to be needed to understand the impact of the changes on people accessing services, and to ensure that vulnerable individuals receive their correct benefit entitlements.

## 6. Implications

<b>Policy</b>	Increasing the income of vulnerable people helps to alleviate pensioner poverty, child poverty and promotes financial inclusion and wellbeing. At a time of major change to the benefits system, the County Council has a crucial role in ensuring that the most vulnerable benefit recipients can receive the support which they are entitled to.
<b>Finance and value for money</b>	Welfare rights officers increased the incomes of older and disabled people by £1.1 million between 2019 and 2023, boosting the county’s economy by an estimated £1.75 million. Increasing the take up of certain disability benefits, including Attendance Allowance, can have a positive impact on the local authority revenue grant.
<b>Legal</b>	None have been identified
<b>Procurement</b>	None have been identified

<b>Human resources</b>	None have been identified
<b>Property</b>	None have been identified
<b>The Equalities Act: is a full impact assessment required and attached?</b>	No - not required at this point This report is for information. The equalities impact of any future proposed changes in arrangements for providing benefits advice will be considered before changes are confirmed.
<b>Risk assessment</b>	None have been identified
<b>Crime and disorder</b>	None have been identified
<b>Customer considerations</b>	When the team carries out direct casework with customers, advice is provided in the format that is most suitable for the service user's situation. This can be by telephone, in writing and/or face to face
<b>Carbon reduction</b>	None have been identified
<b>Health and wellbeing</b>	Increasing the incomes of disabled people may enable them to become more socially active and eat more nutritious meals.
<b>Wards</b>	All wards

**7. Background papers**

Not applicable

**8. Links to other key reports already published**

Not applicable

**9. Author and Contact Details**

Keith Thompson, Rights Team Manager

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# Appendix to Welfare Rights report 2019-2023

## Health and Wellbeing Overview & Scrutiny Committee

7<sup>th</sup> November 2023

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# Welfare Rights report 2019-2023

## 1. Introduction

- 1.1. The Welfare Rights Advisory Unit provides staff in adult social care and children's services, and the voluntary and community sector, with training and access to email and telephone advice. (It does not usually provide advice directly to the public or to users of adult and children's services, except in complex cases.)
- 1.2. Social care staff, backed up by the expert advice provided by welfare rights officers, are then able to maximise the incomes of older and disabled residents and families in need in Northumberland.
- 1.3. This report covers the period from April 2019 to March 2023. During that period, the Covid-19 pandemic led to significant changes in the way people accessed our service and the way we delivered it.
- 1.4. Looking back over the last four years gives us an opportunity to compare the way we used to work with how we adapted to a major change in circumstances and to reflect on how these changes have influenced service delivery.

## 2. Background

- 2.1. As was the case for other council services since spring 2020, the welfare rights team needed to make significant changes to the way it worked to keep ourselves and our colleagues safe whilst keeping our service running. In addition to following Government guidance to prevent the spread of infection, we also needed to adapt to the way the Department for Work and Pensions (DWP) and HM Courts and Tribunal Service (HMCTS) changed the way they worked.
- 2.2. The Welfare Rights Team supported Northumberland Communities Together (NCT) through a Welfare Rights Officer (WRO) becoming an integral part of the NCT hub at County Hall from March 2020. This WRO helped to identify sources of financial support for people whose incomes had reduced because of "lockdown" restrictions.
- 2.3. The Welfare Rights Team continues to support the NCT team, acting as a source of advice and information and providing training to help them to support residents.
- 2.4. Some of the changes introduced through necessity, for example greater use of remote access to IT systems and less use of paper, have been retained going forward giving us greater flexibility about where and how we work.
- 2.5. As well as providing information about the period from April 2019 to March 2022, this report also takes the opportunity to reflect on longer term trends arising from significant changes to the benefits system introduced in the years following the Welfare Reform Act 2012 and the way some of those

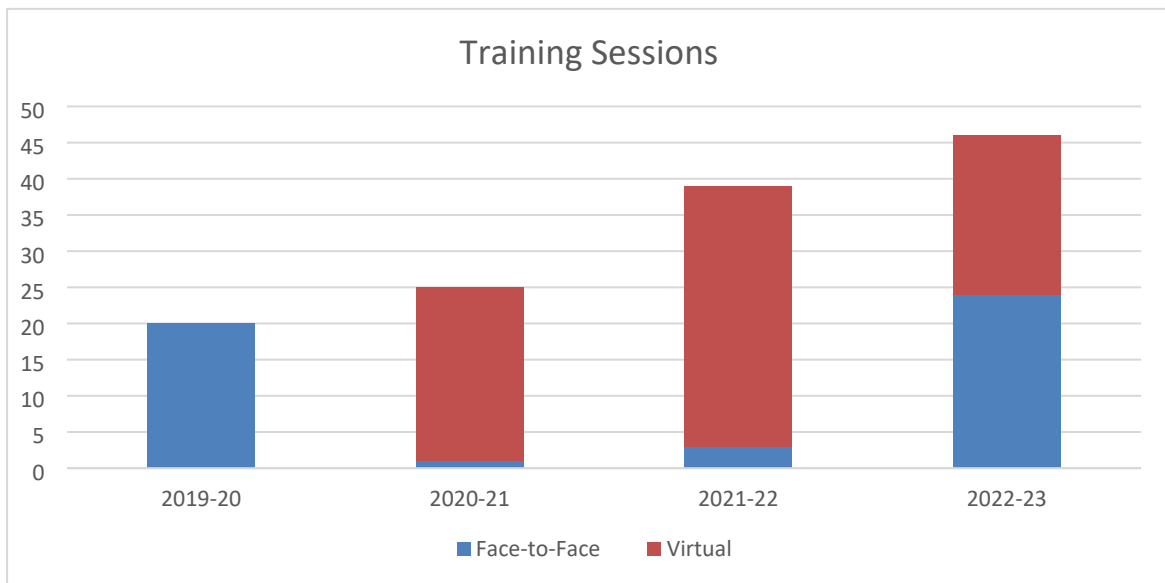
changes have changed the nature of the enquiries that the Welfare Rights team receives.

### **3. The welfare rights team**

- 3.1. The team currently consists of 3.6 full time equivalent welfare rights officers (WROs), one full time administrative assistant and the rights team manager.
- 3.2. The primary role of the team is to provide training and support to front line adult social care staff so that they can spot entitlement and assist with benefit issues faced by the people they are working with.
- 3.3. The team also supports front line Children's Services staff, mainly by supporting Northumberland Adolescent Service staff in their work with care leavers.
- 3.4. In addition to supporting staff, the WROs provide targeted direct support to people with social care needs in a limited number of cases involving complex issues, including appeals, usually where adult services or children's services have a statutory involvement.
- 3.5. Assistance from a welfare rights officer can have a massive beneficial impact on someone's life. Case studies providing examples of the type of enquiry we deal with and the outcomes from this are included later in this report.
- 3.6. The team has a strategic role in advising the Council and elected Members about how changes in the benefits system are affecting Northumberland residents and in working with both public sector and voluntary sector bodies to ensure that accessible and good quality benefits advice is available to people who need it.

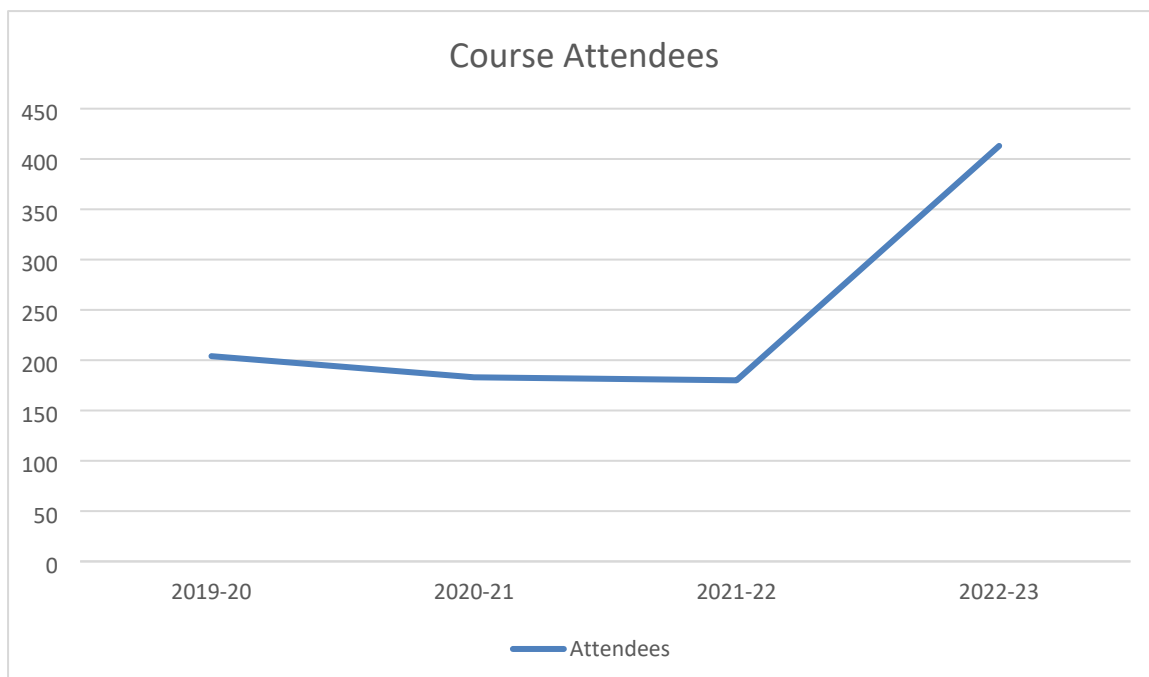
## 4. Training

- 4.1. The welfare rights team offers training to social care staff, other teams within NCC and external organisations that support Northumberland residents.
- 4.2. The training is delivered to ensure the needs of the attendees can be met. Training is offered “face-to-face” or virtually and can be over a full-day or a shorter session. Sessions cover new staff inductions, introductory courses, more specialist training and short, tailored, slots at team meetings.
- 4.3. The chart, below, shows the changes in how our training sessions are delivered.



- 4.4. As can be seen, the overall number of sessions has increased year on year although how these were delivered was clearly affected by the COVID-19 pandemic.
- 4.5. Although the number of training sessions increased during the two years 2020-2022, the overall number of attendees dropped slightly. This was because virtual sessions work better with smaller groups if the experience is to be engaging. The following year, 2022-23, saw a return to most training being delivered face-to-face with a subsequent increase in numbers attending courses as shown in the chart below.



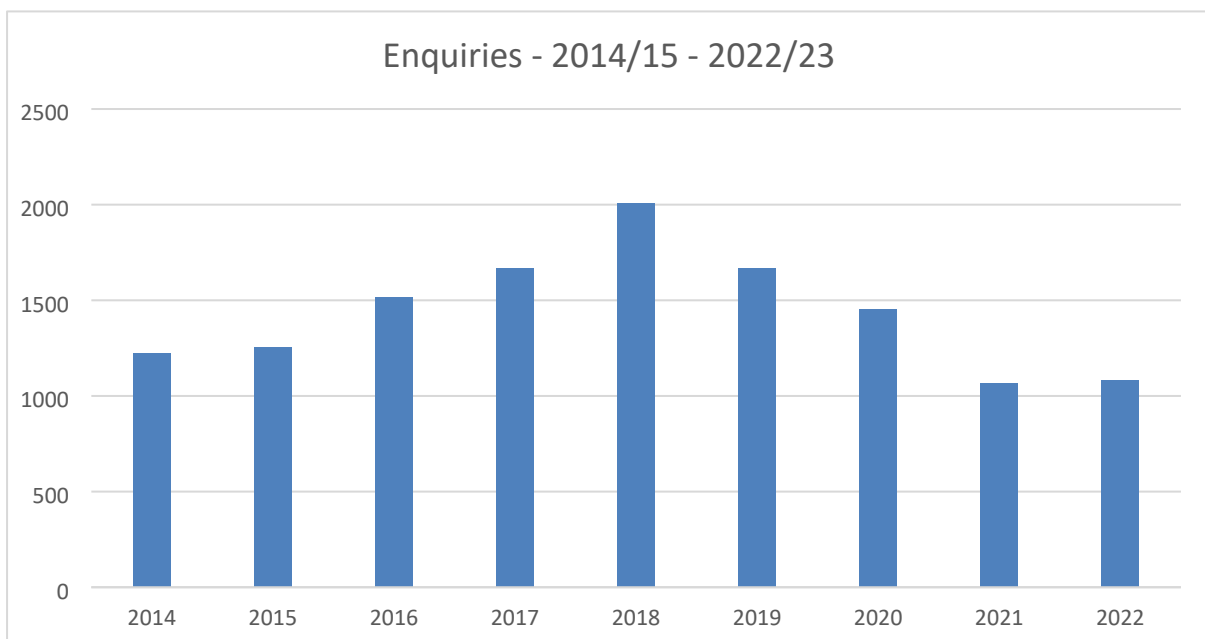


- 4.6. We regularly attend team meetings to keep staff updated on forthcoming changes such as Universal Credit migration and the Government's Cost of Living payments in response to rising prices.
- 4.7. In 2021-22 we provided training to all social care staff involved with transition cases – young people aged from 14 onwards – as part of the council's Preparing for Adulthood workstream. Benefits for young people can be complicated, especially for care leavers.
- 4.8. Our most recent development has been to support the recently created Assessed and Supported Year in Employment (AYSE) academy that provides newly qualified social workers with an Assessed and Supported Year in Employment. We have become part of the formal training programme set up for both the Children's and Adult social work Academies and provide training over the first six months of each cohort.

## 5. Enquiries

- 5.1. The number of enquiries we received during the period 2019-2023 decreased year on year. The initial decrease from the 2018-2019 figure, during 2019-2020, reflected a slow-down in reassessments of sickness and disability benefits being carried out. We had seen a 60% increase in enquiries during the previous three years, 2015-16 to 2018-2019.
- 5.2. A delay in assessments during Covid led to a further fall in the number of enquiries we received for support to dispute DWP decisions. These delays affected benefits important to disabled people, such as PIP and ESA causing financial difficulties for some people, and complications for some users of the Motability scheme.

- 5.3. Although there was a sharp reduction in the number of people receiving disability benefit assessments in the years following the start of the pandemic, there were more enquiries from residents facing crisis situations. To address this, two of our Welfare Rights Officers worked within the Northumberland Communities Together team during 2020-2021 to deal with benefit enquiries coming through that channel. Since the first “lockdown” ended one of our Welfare Rights Officers has continued to be co-located with Northumberland Communities Together to support staff in that team.
- 5.4. The chart below shows the rise and fall in the number of enquiries with a peak in 2018-19 when DWP disability benefit reassessments were at their highest rate.



- 5.5. Whilst the overall number of our enquiries has almost returned to earlier levels, the complexity of these enquiries is considerably greater than before the programme of welfare reform started in 2013. With the administrative issues facing Universal Credit leading to the continuation of some of the benefits it will eventually replace until at least 2028-29, simplification of the benefits system is not likely to be realised for several more years. There have been issues with the way the DWP administers Universal Credit claims and resolving these can be especially time consuming.
- 5.6. As mentioned earlier, most of our enquiries come from social care staff working in Adults and Children’s Services however we also support staff in Northumberland Communities Together and other organisations, for example CVS organisations and Cumbria, Northumberland, Tyne and Wear NHS Trust.

5.7. We work closely with the council's Deputyship Team to ensure that residents whose finances are managed by the council receive their correct rates of benefit. Maximising income in this way helps the council to satisfy the Court of Protection that it is acting in the best interests of the people being supported.

## 6. Financial gains

- 6.1. Although the main role of welfare rights officers is to provide training and telephone support for care managers, they do take on a limited amount of casework. This welfare rights casework, combined with the gains that we know about from 2nd tier telephone support, increased the incomes of older and disabled people by a total of £1.1million over the four years 2019-2023.
- 6.2. There will be additional benefit gains that we cannot readily identify as a result of information, advice and training provided to front line staff who then went on to help people to claim benefits. Although these aren't quantifiable, it is reasonable to assume that these will be at least as high as the £1.1million we have been able to verify.
- 6.3. Just as the number of enquiries we received varied over the four-year period, so did the value of financial gains that we were able to record as shown in the table below.

Year	2019-20	2020-21	2021-22	2022-23	Total
Gain	£355,622	£177,033	£290,425	£300,648	<b>£1,123,728</b>

- 6.4. People who rely on benefits for their income tend to spend money in their local area therefore any increased entitlement is likely to provide a boost to the local economy. One estimate of this local multiplier effect, [LM3](#), suggests that every £1 spent with a local supplier is worth £1.76 to the local economy.

## 7. Case Studies

*All names in these case studies have been changed to protect individuals' privacy.*

- 7.1. Amy, a young care leaver from Northumberland had moved into a refuge in another area after fleeing domestic abuse. Despite moving away, Amy still engaged with her leaving care worker in Northumberland who contacted a WRO when Amy's claim for Universal Credit (UC) was closed leaving her with no income and relying on foodbank parcels. The Jobcentre UC work coach said Amy hadn't engaged with them. The Jobcentre insisted that all Amy could do now was make a new claim for UC because the earlier claim could not be reopened. The WRO contacted our local DWP Partnership Manager to explain the situation and they shared our concerns about the way this vulnerable young person's claim had been handled. Following this intervention, the situation was resolved quickly leading to the original UC claim being reopened.

Outcome – Amy received backdated payments totalling £560 and after the WRO discussed the case with the local Jobcentre, Amy was excused from full time job search for a short period whilst she adjusted to living by herself away from the refuge.

- 7.2. A newly qualified social worker in the Social Work Academy contacted a WRO about Ali who had been living with her daughter but was now living alone. Ali did not seem to have enough money to pay the rent. WRO identified that Ali would need to claim Universal Credit including housing costs. Further advice was that the claim for UC should be delayed until her existing ESA claim was amended to reflect this change so an additional premium could be added. The reason for this was to ensure transitional protection would be applied to the UC claim at the point of "migration" from "legacy" benefits to UC which, even with allowing for the delay in claiming, was beneficial to Ali. At current rates, without this transitional protection Ali would have been paid £50 per week less in UC because the Universal Credit rates for disabled people living alone are significantly lower than they would have received on "legacy benefits" (the older benefits that will eventually be replaced by Universal Credit.)
- 7.3. Nic, the mother of a severely disabled young adult, Ellis, manages his care using Direct Payments paid through adult social care on behalf of the NHS (a "personal health budget"). The cost of providing care, 24 hours a day, and maintaining specialist equipment means significant payments are made into a dedicated bank account each month. The balance of the account needs to be kept high enough to ensure that any respite care or equipment replacement can be done as a matter of urgency to prevent Ellis coming to serious harm. This is a separate bank account used solely for the purposes of administering the Direct Payments used to meet Ellis' care needs.

As appointee for DWP benefits, Nic made a claim for UC on behalf of Ellis and requested that the payments were made into a different bank account used to manage Ellis's personal finances. The DWP already paid Ellis' Personal Independence Payment (PIP) into this account.

A few months after the UC claim was in payment, Ellis' UC payments stopped, and a DWP fraud officer made contact to say that benefits had been wrongly paid, because Ellis had a bank account holding more than £16,000, which meant that he was not entitled to UC. The DWP fraud officer refused to accept Nic's explanation that this was funding for care services and that telephone conversation left Nic feeling extremely anxious about being accused of committing fraud. The DWP fraud officer contacted the Council's finance team who explained that the money in the Direct Payment account

could not be used for anything other than meeting Ellis' care needs, that the account was regularly audited by the County Council and that any surplus funds over an agreed level for contingencies would need to be returned to the Council. The DWP refused to accept this argument, despite further explanations of the legal framework from the welfare rights team, because the relevant regulations had been drafted in a way which did not seem to acknowledge direct payments. The welfare rights team escalated the issue to the national lead for personal budgets in NHS England, and DWP escalated it to their national policy team, who said there would need to be legislative change to enable people in this position to claim Universal Credit.

The issue was only resolved when the welfare rights team supported Nic to submit an appeal for an independent Tribunal to hear the case. The Tribunal Judge told DWP that they were in the wrong.

Outcome - It took 11 months from the WRO first providing all the relevant information to the DWP until the Tribunal Judge's decision. As well as 11 months without £600 per month income this family suffered 11 months of anxiety because of the accusation of fraud hanging over them. The DWP paid Ellis more than £5,000 arrears of benefit. The WRO helped Nic to draft a letter of complaint which, after a long period of time followed by a further complaint about the way the DWP had handled the original complaint, resulted in an apology and a small compensation payment.

- 7.4. Alex has experienced severe and enduring mental health issues for several years. In 2019 after completing a PIP review form, the DWP made the decision that Alex was no longer entitled to either component of PIP at any rate. As a result of losing PIP, Alex's ESA was also reduced resulting in a massive reduction in income. Alex's care manager contacted a WRO for advice.

The WRO advised the care manager to support Alex to challenge the PIP decision and to write a letter of support. The care manager did do this but as often happens, the initial decision was upheld. The WRO believed the case to be strong and advised how the care manager could help Alex to lodge an appeal with HM Courts and Tribunals Service for an independent hearing. Unfortunately, the case hadn't been listed before the COVID-19 pandemic began at which point face to face Tribunal hearings were paused.

In person Tribunal hearings resumed and Alex's appeal was heard in February 2023. Alex was able to attend supported by his mother and his new care manager. The care manager didn't have experience of supporting people with benefits, so a WRO also attended the hearing to ensure all the relevant points were covered.

The Tribunal found that the DWP had not considered all the evidence, including the original care manager's letter which the Tribunal found helpful,

and subsequently made their decision in Alex's favour and restored payments of PIP.

Outcome - Alex's income had been reduced by around 50%, however because the care manager sought support from a welfare rights officer income has been restored. The arrears of benefit, for the period between the original decision and the appeal, 2½ years, were £24,000. This money meant Alex could redecorate and furnish his home. The additional weekly income enables Alex to get out and about more and the care manager reports that because of this increased social engagement Alex's wellbeing has improved considerably.

## **8. Changes to the benefits system**

- 8.1. As a reminder, in the years since 2010, a major programme of changes to social security benefits has been implemented.
- 8.2. PIP replaced Disability Living Allowance (DLA) for adults under State Pension Age for new claims from April 2013 with a programme of reassessment of existing DLA claims implemented over the following years.
- 8.3. Employment and Support Allowance had already been introduced prior to 2010 to replace Incapacity Benefit, however the reassessment programme to move people to the new benefit only started to have an impact on significant numbers of disabled people several years later.
- 8.4. Universal Credit was first introduced in 2013 however it was not fully rolled out for new claims in Northumberland until December 2018. Universal Credit was intended to simplify the means tested benefits system for adults below state pension age by replacing Income Support, income-based Jobseekers Allowance, income related Employment and Support Allowance, Housing Benefit and Tax Credits. That process has not yet been completed, with more than 11,000 households in Northumberland continuing to receive the older benefits ([Feb. 2023, House of Commons Library](#)).
- 8.5. House of Commons Library [Constituency Data](#) from 11<sup>th</sup> September 2023 shows that around 69% of Northumberland households claiming benefits are receiving Universal Credit rather than one of the legacy benefits. The final migration of households onto Universal Credit is now expected to be completed during 2028 ([January 2023, DWP](#)), with existing recipients of disability benefits expected to be among the last to transfer, because of the greater complexity of that change.
- 8.6. Universal Credit is now the only option for working age claimants making new claims. People claiming existing "legacy" benefits (means tested versions of Jobseekers Allowance and Employment and Support Allowance, Income Support, Housing Benefit and Tax Credits) may need to switch to Universal Credit if their circumstances change. This is known as natural migration. Managed migration is when the DWP contacts someone receiving legacy benefits and invites them to claim Universal Credit. Transitional payments are

made to people moved under managed migration to ensure income does not drop at the time of transfer.

- 8.7. Nationally, there were 1.5 million households receiving Universal Credit in February 2019 but this increased to 6.1 million households in July 2023. In Northumberland there were 4,500 households claiming UC in February 2019 and 20,200 in May 2023.
- 8.8. Changes to the way benefits are administered can present challenges. Universal Credit is paid monthly which is a major change for people who have previously managed their personal finances with weekly, fortnightly or four-weekly payments. Additionally, some people find it difficult to make and maintain their Universal Credit claims online.
- 8.9. A four year “freeze on benefits” began in April 2016 meaning there were no increases to core benefits for people aged below state pension age. During the same period, pensioners saw their State Pension and Pension Credit rates increase by the highest of inflation as measured by CPI (Consumer Price Index), wage inflation or 2.5% - the so called “triple lock” that has meant that many older people have seen an increase in their real terms income, while benefit claimants below state pension age may have seen a reduction. This means it is ever more important that we train as many staff as possible to help residents secure their full entitlement to support.
- 8.10. The introduction of lump sum Cost of Living Payments during the last two years, for people receiving basic means tested benefits as well as disabled people, has helped benefit claimants on low incomes to manage during a period of increased energy bills and a higher level of inflation. No announcements have yet been made about whether there will be additional support in future years.

## 9. Looking forward

- 9.1. In “Transforming Support: The Health and Disability [White Paper](#)”, the Government outlined its intention to make further changes to benefits for sick and disabled people with the intention of offering more people support to work, which is expected to reduce expenditure on these benefits.
- 9.2. One of the proposed changes is to integrate the assessments for ESA and PIP so that people who are unable to work because of a long-term health condition or disability can be assessed for both benefits as part of a single assessment process.
- 9.3. A [consultation](#) proposing changes to the criteria for sickness benefits was launched in September 2023.
- 9.4. Taken together with the final stages of the implementation of Universal Credit, these plans will not only affect individual claimants, there is also likely to be a financial impact for the Council, since the changes may reduce people’s assessed ability to pay charges for adult social care.
- 9.5. For all these reasons, the next few years are likely to be a period when front line social care staff will have a particular need to have expert training and

support about benefits issues so they can ensure that disabled people receive the financial support they are entitled to.

Keith Thompson, Rights Team Manager  
[keith.thompson@northumberland.gov.uk](mailto:keith.thompson@northumberland.gov.uk)

20<sup>th</sup> September 2023



## DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS - SEPTEMBER TO DECEMBER 2023

DECISION	CABINET DATE/DECISION
<b>Cabinet Papers – 10 October 2023</b>	<a href="https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2257">https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2257</a>
<p><b>Environmental Policy Statement</b></p> <p>To propose the adoption of an overarching Environmental Policy Statement by Northumberland County Council.</p>	<p>10 October 2023</p> <p><b>RESOLVED</b> that:</p> <p>(a) Cabinet maintain its commitment to tackling climate change and to the development of a new Climate Change Action Plan which will set out the actions, work programme and targets that will be progressed over the period 2024 to 2026;</p> <p>(b) Cabinet adopt the Environmental Policy Statement and continuously strive to meet the on-going commitments contained within the statement (see Appendix A) and the actions and targets (see Appendix B) to the report;</p> <p>(c) the Environment Policy Statement be widely communicated and publicised to help raise public awareness, engagement and active participation on environmental matters across the county and</p> <p>(d) Cabinet note the ‘Potential Areas of Additional Environmental Activity’ outlined in section 5.4 of the report. It is intended that these additional areas of activity will be subject to further development and, where appropriate, any associated budget implications will be considered as part of this year’s MTFP budget setting process.</p>
<p><b>Building our Data Capability - Data Academy Pilot</b></p> <p>The purpose of this report was to outline the need to develop our data skills and capabilities and seek approval for the proposed establishment of a ‘Data Academy’ and associated use of unallocated Apprenticeship Levy to fund.</p>	<p>10 October 2023</p> <p><b>RESOLVED</b> that Cabinet approve the awarding of a pilot programme in data skill apprenticeships to the apprenticeship provider ‘Multiverse’ with a Government Levy spend of £0.6m (excluding VAT).</p>
<p><b>Summary of New Capital Proposals considered by Officer Capital Strategy Group</b></p>	<p>10 October 2023</p> <p><b>RESOLVED</b> that</p> <p><b>Ponteland to Callerton Phase 2</b></p>

	<p>(a) Cabinet approve the revised phase 2 approach and approve the additional funds of £0.518 million to deliver phase 2 and progress to scheme completion; and</p> <p>(b) Cabinet approve the inclusion of £0.518 million to the Capital Programme in 2023-24.</p>
<p><b>Corporate Performance – Quarter 4 2022/23 Outturn</b></p> <p>This report provides a summary of the progress against the Council’s three Corporate Plan priorities using the Council's performance at the end of Quarter 4, 2022/23 (Q4)</p>	<p>10 October 2023</p> <p><b>RESOLVED</b> that:</p> <p>(a) Cabinet note the progress against the three Corporate Priorities as summarised in the report; and</p> <p>(b) Cabinet agree to progress against the three Corporate Priorities at end of Quarter 4 2022/23 being reported to Full Council at its November meeting.</p>
<p><b>Food &amp; Feed, Safety &amp; Standards Service Plan 2023/24</b></p> <p>The purpose of this report was to present to the Cabinet, for its consideration the Food and Feed, Safety and Standards Service Plan for 2023/24</p>	<p>10 October 2023</p> <p><b>RESOLVED</b> that Cabinet receives and adopts the Food and Feed, Safety and Standards Service Plan for 2023/24.</p>

## FORTHCOMING CABINET DECISIONS

<p><b>Strengthened Biodiversity Duty and Reporting Obligations</b></p> <p>The legal duty imposed on public bodies since 2006 to have regard to the purpose of conserving biodiversity has been significantly strengthened through a legislative amendment to a requirement to take action to conserve and enhance biodiversity, with a planning and reporting framework that has to be complied with. This report sets out the implications of this duty for the Council and sets out the actions that need to be taken over the next year to comply with it.</p>	7 November 2023
<p><b>Approval of the Council Tax Support Scheme 2024-25</b></p> <p>The purpose of this report is to seek approval for the local Council Tax Support Scheme for 2024-25 to continue to provide support at a maximum level of 92% of council tax liability.</p>	7 November 2023
<p><b>Corporate Feedback Annual Report 2022-23</b></p> <p>The purpose of the Annual Report is to review the operation of the complaints process over twelve months (01.04.2022 to 31.03.2023), including statistical data, and to provide the local authority with how it keeps itself informed about how effective its current arrangements are for handling customer complaints.</p>	7 November 2023
<p><b>Delegate Authority to Award Leisure Contract</b></p> <p>The purpose of this report is to seek permission to delegate authority to enable the contract award of the Northumberland Community Leisure and Well-being Service.</p>	7 November 2023
<p><b>North East Devolution</b></p> <p>The purpose of this report is to consider and determine if consent should be given to the making of an Order that would abolish the North East and North of Tyne Combined Authorities, whilst at the same time establishing a new North East Mayoral Combined Authority.</p>	7 November 2023
<p><b>Summary of New Capital Proposals considered by Officer Capital Strategy Group</b></p> <p>This is a report of the Capital Proposals received and considered by the Capital Strategy Group.</p>	7 November 2023
<p><b>Adaptions for Disabled People</b></p> <p>To report on additional Disabled Facilities Grant funding received from Government, and to ask the Cabinet to consider the case for revisions to the Council's discretionary grants policy.</p>	12 December 2023

<p><b>Financial Performance 2023-24 – Position at End of September 2023</b></p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 September 2023.</p>	<p>12 December 2023</p>
<p><b>Outcomes of the Tender for New School Buildings for Astley High and Whytrigg Middle Schools</b></p> <p>Update Cabinet on the outcomes of the tender process for the construction of new school buildings for Astley High School and Whytrigg Middle School and seek the delegated approval to award the construction contract.</p>	<p>12 December 2023</p>
<p><b>Leisure Programme Update</b></p> <p>To update Cabinet with progress on the Leisure programme</p>	<p>12 December 2023</p>
<p><b>Budget 2024-25, Medium Term Financial Plan 2024-28 and 30 Year Business Plan for the Housing Revenue Account</b></p> <p>The report presents to Cabinet, the updated Budget 2024-25, Medium Term Financial Plan 2024-28 and 30 year Business plan for the Housing Revenue Account</p>	<p>16 January 2024 Council 17 January 2024 21 February 2024</p>
<p><b>Leisure Programme Update</b></p> <p>To update Cabinet with progress on the Leisure programme</p>	<p>9 April 2024</p>

# Northumberland County Council

## Health and Wellbeing Overview and Scrutiny Committee

### Work Programme and Monitoring Report 2023 - 2024

Page 51

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

Agenda Item 8b

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:**

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

**Northumberland County Council  
Health and Wellbeing Overview and Scrutiny Committee  
Work Programme 2023 - 2024**

7 November 2023

	<p>Oncology Performance Update (NUTH)</p> <p>Welfare Rights Annual Report</p> <p>Joint Health and Wellbeing Strategy Refresh – Adopting a Whole System Approach to Health and Care</p>	<p>To receive an update from NUTH/NHSE on oncology performance nationally and regionally.</p> <p>The report updates Members about the activities of the Welfare Rights Advisory Unit and on key initiatives to support people during major changes to the benefits system.</p> <p>To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.</p>
12 December 2024		
Page 54	<p>Joint Health and Wellbeing Strategy Refresh – Empowering People and Communities</p>	<p>To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.</p>
	<p>Complaints Annual Report 2022- 23: Adult Social Care and Continuing Health Care Services</p>	<p>To provide members with an overview of performance against complaints within adult services and to report to members decisions made by the Local Government and Social Care Ombudsman and Health Services Ombudsman</p>
9 January 2023		
	<p>Joint Health and Wellbeing Strategy Refresh – Giving Children and Young People the Best Start in Life</p> <p>Joint Health and Health and Wellbeing Strategy Refresh – Building Blocks Theme</p>	<p>To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.</p> <p>To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.</p>



	Adults and children's Safeguarding Board Annual Report	To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults and Children.
5 March 2024		
	Director of Public Health Annual Report	DPH's Annual Report highlighting the priorities for the DPH for the coming year.
2 April 2024		
Page 55	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 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 agree to submit a formal response to each Trust.
7 May 2024		
	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 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 agree to submit a formal response to each Trust.

**Northumberland County Council  
Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2023-2024**

Ref	Date	Report	Decision	Outcome
1	11 July 2023	<b>Update on Pressures in Adult Homecare Services</b>	<b>RESOLVED</b> the  A. the report on the current issues with homecare in Northumberland be received for information, and	Adult Home Care data and progress monitoring to be provided at a future committee.

			B. the initiatives proposed to try to resolve workforce shortages be noted.	
2	11 July 2023	<b>Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services</b>	<b>RESOLVED</b> the report be received for information.	No further action
3	12 September 2023	<b>Cramlington Pharmacy Update</b>	<b>RESOLVED</b> that:  A. the report and comments made be noted.  B. a Task and Finish Group be established to examine pharmaceutical services in the county.	A task and finish group be established in the new year to examine Pharmacy provision across the County
4	12 September 2023	<b>Northumberland Coroner's Annual Report</b>	<b>RESOLVED</b> that the report be received.	No further action

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## Northumberland County Council

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

7<sup>TH</sup> NOVEMBER 2023

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### AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs) IN NORTHUMBERLAND: SCOPING REPORT

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#### **Purpose of report**

The purpose of this scoping report is to outline the scope and objectives of the Automated External Defibrillators (AEDs) Task and Finish Group. The group is established to examine key issues related to the availability, maintenance, accessibility, and effectiveness of AEDs within Northumberland. The primary aim is to make recommendations that enhance the availability of AEDs, ultimately improving community health and safety.

#### **Recommendation:**

**To consider and agree the following:**

- **Consider the terms of reference/scope of the review.**
- **Agree a timetable for the review to be completed.**
- **Agree that the findings of the review will be reported to the Health and Wellbeing Overview and Scrutiny Committee**

#### **Key issues**

Scrutiny Committees have several key tasks, one of which is to investigate matters of interest and concern to the wider community. As part of this responsibility, the group will investigate the accessibility of AEDs within the county, identifying any gaps and areas that require improvement. This will involve assessing the current distribution of AEDs and their proximity to public spaces, businesses, and residential areas.

Another key issue for the group to address is AED maintenance. Through evaluation of maintenance protocols and practices in place for AEDs the group will ensure their functionality when needed during emergencies. This includes a comprehensive review of maintenance records and the identification of any shortcomings in current practices and funding.

Furthermore, the group will examine the effectiveness of public awareness and education initiatives regarding AEDs, with the aim of understanding the level of community knowledge about AEDs and by assessing whether the public is adequately informed about their usage during cardiac emergencies. Recommendations for enhancing public awareness and education will be a key focus.

Additionally, the Task and Finish Group will review local and national regulations governing AED installation, maintenance, and use. We will evaluate whether these regulations align with best practices and identify any areas where updates or revisions may be necessary to facilitate AED deployment and usage.

Lastly, the integration of AEDs with emergency services and medical response systems will be explored as a key issue. We will investigate successful case studies and best practices for seamless integration to ensure that AEDs are optimally utilised during cardiac emergencies.

## **Background**

Cardiac arrests are a medical emergency characterised by the sudden cessation of the heart's normal rhythm, resulting in the heart either stopping or beating irregularly. This abrupt interruption in cardiac activity leads to the immediate interruption of blood circulation, cutting off the supply of oxygen to vital organs and tissues. NHS figures show that there were more than 84,000 admissions for cardiac arrests in England during 2021/22

Automated External Defibrillators (AEDs) hold immense significance in the context of cardiac emergencies because they can swiftly analyse a victim's heart rhythm and, if required, deliver an electric shock to restore a normal heartbeat, a process known as defibrillation. Time is a critical factor in determining survival with survival rates dropping 10% with each passing minute without intervention. Immediate initiation of cardiopulmonary resuscitation (CPR) and, when needed, early defibrillation using an AED are pivotal steps in increasing the chances of survival for cardiac arrest victims.

An AED is a portable electronic device that plays a pivotal role in the treatment of life-threatening cardiac arrests. These devices are designed to be user-friendly and provide voice prompts and visual instructions, making them accessible to individuals, even those with minimal training. AEDs are strategically placed in public areas such as airports, schools, shopping centres, sports facilities, and public transportation hubs. AEDs self-test and indicate when new consumables such as batteries and electrodes pads are required. Pads and batteries require replacing every 2 years or when they are used at a cost of around £100 a time. If an AED goes missing or is damaged it can cost up to £1000 to replace.

Their ease of use and widespread placement in public areas mean that bystanders can potentially save lives by administering defibrillation even before professional medical help arrives on the scene. Rapid access to AEDs in public places is pivotal in increasing the survival rate of individuals experiencing sudden cardiac arrest.

## **Terms of Reference**

The group is established to examine key issues related to the availability, maintenance, accessibility, and effectiveness of AEDs within Northumberland. The primary aim is to make recommendations that enhance the availability of AEDs, ultimately improving community health and safety. In order to carry this aim out, the group will:

1. Assess the current distribution of AEDs in Northumberland and their proximity to public spaces, businesses, and residential areas.
2. Understand maintenance requirements and costs, ways these can be met, and assurance sought that AEDs are available.
3. Review regulations governing AED installation, maintenance, and use.
4. Understand the integration of AEDs with emergency services and medical response systems to ensure the most up to date information is available.
5. Examine the effectiveness of public awareness campaigns and identify ways these could be build upon.

The Group will be chaired by Councillor Kath Nisbet and will consist of 3 other elected members.

## **Evidence Gathering**

To inform the investigation, the Task and Finish Group will consider a range of sources and evidence. These sources include existing AED deployment data, which will provide insights into the current state of AED accessibility. Additionally, they will review AED maintenance records and protocols to ensure these devices are kept in working order.

In our efforts to enhance public awareness, we will examine public awareness campaigns and materials related to AEDs. This includes surveys or interviews with community members to gauge their awareness and willingness to use AEDs during emergencies.

The regulatory landscape will be thoroughly examined, with a focus on relevant legislation and regulations governing AED installation, maintenance, and use. We will also explore case studies that showcase successful AED integration with emergency services and medical response systems to extract best practices and recommendations for our jurisdiction.

By considering these sources of evidence, the Task and Finish Group aims to develop comprehensive recommendations that will improve the availability and effectiveness of AEDs in our community, ultimately enhancing public safety and well-being. The group will seek to gather evidence from the following sources:

- North East Ambulance Service (NEAS)
- Public Health Specialist

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

### **Proposed Timetable for Review**

It is proposed that the review will be completed as follows. The dates will be finalised as participants availability is confirmed:

<b>Stage</b>	<b>Participants</b>	<b>Committee</b>	<b>Date</b>
Agreement of ToR	Membership	Virtually	
Session 1:	NEAS	Task and Finish Group	
Session 2:	Executive Director of Place and Regeneration	Task and Finish Group	
Session 3:	Membership	Task and Finish Group	
Final Report	Membership	Health and Wellbeing OSC	5 <sup>th</sup> March 2024

### **Evidence Gathering Sessions**

The number of evidence sessions may change. It is possible that evidence given during these sessions may need further follow up in other sessions or via other means such as written responses. The number of required evidence sessions will not be known until the 1<sup>st</sup> session has taken place.

### **Consideration of Findings**

The findings will be considered in a written report presented to Health and Wellbeing Services Overview and Scrutiny Committee at its meeting on Tuesday 5<sup>th</sup> March 2024.

### **Conclusion**

Given the importance to local communities and the health of Northumberland residents, an investigation into the availability, maintenance, accessibility, and effectiveness of AEDs is vital. By conducting an in-depth investigation, the group will formulate appropriate and well-founded recommendations to present to the Health and Wellbeing Overview and Scrutiny Committee.



## **Recommendation:**

To consider and agree the following:

- Consider the terms of reference/scope of the review.
- Agree a timetable for the review to be completed.
- Agree that the findings of the review will be reported to Health and Wellbeing Overview and Scrutiny Committee

## **Background Papers**

No Background Papers

## **Report Authors:**

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