



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

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

**Tel direct:** 01670 622606

**Date:** 25 April 2024

Dear Sir or Madam,

Your attendance is requested at the Annual Meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 7 MAY 2024** at **1.00 PM**.

Yours faithfully

Dr Helen Paterson  
Chief Executive

## To Members of the Health and Wellbeing OSC

**(The membership of the Health and Wellbeing OSC will be confirmed at the County Council meeting on 1 May 2024. Only those members appointed to the OSC at the County Council meeting are entitled to take part in the proceedings).**



**Dr Helen Paterson, Chief Executive**  
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# AGENDA

## PART I

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

### 1. MEMBERSHIP AND TERMS OF REFERENCE

The committee is asked to note the following membership and terms of reference for the Health and Wellbeing Overview and Scrutiny Committee which were agreed by Council on 1 May 2024, for the ensuing year.

#### Membership

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

**Quorum 3**

**Chair: B. Flux**

**Vice Chair: K. Nisbet**

Conservative	Labour	Independent Group	Liberal Democrats	Green Party	Ind Non-Grouped
E. Chicken	L. Bowman	G. Hill	I. Hunter		
B. Flux	K. Nisbet				
C. Hardy	M. Richardson				
C. Humphrey					
C. Seymour					

#### Terms of Reference:

To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.

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.

To take a holistic view of health in promoting the social, environmental and economic well-being of local people.

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.

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

## 2. APOLOGIES FOR ABSENCE

## 3. MINUTES

(Pages 1  
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 2 April 2024, as circulated, to be confirmed as a true record and signed by the Chair.

## 4. DISCLOSURE OF MEMBERS' INTERESTS

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

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

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

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

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

e. Where Members have or a Cabinet Member has an Other Registerable Interest or Non Registerable Interest in a matter being considered in exercise of their executive function, they must notify the Monitoring Officer and arrange for somebody else to deal with it.

NB Any member needing clarification must contact [monitoringofficer@northumberland.gov.uk](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.

**5. PRIMARY CARE APPLICATIONS WORKING GROUP**

(Pages 7  
- 16)

The Health and Wellbeing Overview and Scrutiny Committee is also asked to confirm the membership and refreshed terms of reference of the Working Group, which comprises of four members including the Chair and Vice-chair of the Health and Wellbeing Overview Scrutiny Committee, plus two other members.

Also, to note the monitoring report of the Primary Care Applications Working Group.

**6. HEALTH AND WELLBEING BOARD**

(Pages  
17 - 24)

The minutes of the Health & Wellbeing Board held on 14 March 2024 are attached for the scrutiny of any issues considered or agreed there.

**7. COMMUNITY WATER FLUORIDATION**

To receive a verbal update from the Director of Public Health on the community water fluoridation scheme in the North East.

**8. NEWCASTLE HOSPITALS NHS FOUNDATION TRUST (NUTH)  
QUALITY ACCOUNT**

Annual report on the quality of service. The Committee is requested to receive and comment on the presentation from the Trust and agree to submit a formal response to each Trust.

**9. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FT (NTW)  
QUALITY ACCOUNT**

(Pages  
25 - 40)

Annual report on the quality of service. The Committee is requested to receive and comment on the presentation from the Trust and agree to submit a formal response to each Trust.

**10. REPORTS OF THE SCRUTINY OFFICER**

**10.1 Forward Plan**

(Pages  
41 - 46)

To note the latest Forward Plan of key decisions. Any further changes to

the Forward Plan will be reported at the meeting.

**10.2 Health and Wellbeing OSC Work Programme**

(Pages  
47 - 52)

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2024/25.

**11. URGENT BUSINESS (IF ANY)**

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.

**12. DATE OF NEXT MEETING**

To note future meetings proposed for the Health and Wellbeing OSC, Task and Finish Groups and Primary Care Applications Working Group.

OSC Meetings starting at 1 p.m. - 2 July 2024, 3 September 2024, 5 November 2024, 7 January 2025, 4 March 2025, 1 April 2025.

Task and Finish Group Meetings starting at 1 p.m. (when required).

Primary Care Applications Working Group starting at 10.00 a.m. - 4 June 2024, 6 August 2024, 1 October 2024, 3 December 2024, 4 February 2025, 1 April 2025.

**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** –
- your own financial interest or well-being;
  - a financial interest or well-being of a relative or close associate; or
  - 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:
- to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  - a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

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

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

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



## Table 1: Disclosable Pecuniary Interests

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

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

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

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

## Table 2: Other Registrable Interests

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

- a) any body of which you are in general control or management and to which you are nominated or appointed by your authority
- b) any body
  - i. exercising functions of a public nature
  - ii. any body directed to charitable purposes or
  - iii. one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 2 April 2024 at 1.00 p.m. at County Hall, Morpeth.

#### PRESENT

Councillor R. Dodd  
(Chair, in the Chair)

#### MEMBERS

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

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Blair, A.	Northumberland Healthcare NHS Foundation Trust (NHCT)
Cotton, M.	North East Ambulance Service (NEAS)
Carter, R.	Northumberland Healthcare NHS Foundation Trust (NHCT)
Jackson, C.	Healthwatch Northumberland
Jobling, C.	North East Ambulance Service (NEAS)
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

#### 46. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor C. Seymour.

#### 47. MINUTES

**RESOLVED** that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 5 March 2023, as circulated, be confirmed as a true record and signed by the Chair.

#### 48. NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST QUALITY ACCOUNTS 2023/24

A. Blair, Medical Director and R. Carter, Director of Patient Safety gave a powerpoint presentation on Northumbria Healthcare NHS Foundation Trust Annual Plan and Quality Account (a copy of the slides have been filed with the signed minutes).

The presentation covered the following points:

- Big Signals for 2023-2028. Including supporting patients, recruitment and retention and developing the estate.
- Service Pressures:
  - There was a continued demand on non-elective services.
  - Additional bed capacity had opened which had helped keep surgical inpatient capacity ringfenced.
  - Impact of industrial action had resulted in minimal cancellation of activity but increased impact on resilience of teams.
  - There was an improvement in the 62 day cancer backlog number performance but there was still pressure in tumour sites to achieve 62 day access to treatment.
  - It was still a challenging position regarding reducing the number of patients waiting 18 and 52 weeks for treatment.
- Quality Account 2023/24 including:
  - Look back at safety, quality and improvement priorities for 2023/24 and the Trusts focus for 2024/25.
  - Key measures and phrases used within the account.
  - The Account included information on mortality, preventable deaths and areas of achievement.
  - Following the guidance issued in January 2021, which stated that foundation trusts do not need to instruct external audit firms to conduct assurance work on the Quality Account, no indicators were to be tested again this year.
  - The council of governors would therefore not be required to select an additional indicator to be audited.
- The 2023/24 safety, quality and improvement priorities were:
  1. Improving flow: reducing ambulance handover delays
  2. Reduce medication errors – timeliness of critical medications (Parkinson's Disease)
  3. Improving cancer pathway standards
  4. Deteriorating patient – Community News (C-NEWS)
  5. Improving delirium – assessment and management
  6. Patient Experience
  7. Staff Experience
- Performance was shown against the safety, quality and improvement priorities.
- The proposed 2024/25 safety, quality and improvement priorities were highlighted. For next year, seven possible quality improvements had been identified. Some of the priorities would build on previous improvement work and others were new priorities aligned to the wider Patient Safety Strategy.

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

- It was disappointing to see that this was a similar picture to last year with targets not being met, particularly those around cancer treatment.

- The targets around ambulance handover delays were not being achieved. Only 26.7% of the ambulance handovers within 15 mins had been met compared to the target of 65%. This issue remained a top priority for both the trust and NEAS.
- It was clarified that ambulances handovers were prioritised via clinical need and not a first come first served basis.
- There had been a real effort not to cancel surgeries through the industrial action.
- Winter pressures and industrial action had both added to the busy workload of staff.
- During the industrial action there had continued to be monthly staff surveys however there did not appear to have been a drop in performance because of the strikes.
- Ambulance handover delays were a national problem.
- There was an issue occurring when patients were receiving important information or test results on an evening or weekend via text message. This was resulting in unnecessary worry as patients then had to wait until they could contact their GP surgery to clarify or ask questions. This was often at an already stressful time for patients. It was asked if this could be examined as patients should have the opportunity to be guided through any difficult test results or technical correspondence.
- A personal account of being admitted to hospital during the strikes and comments on how professional and caring those staff were.
- Throughout the year there were peaks at certain times where hospitals were busier especially during the winter months.
- It was encouraging to see there was a deaf awareness programme.
- It was noted that the draft account would be ready by the end of April 2024.

**RESOLVED** that:

- (a) the presentation and comments made be noted, and
- (b) the Committee agree to submit a formal response to the Quality Accounts before the deadline.

**49. NORTH EAST AMBULANCE SERVICE (NEAS) REVIEW OF PERFORMANCE IN NORTHUMBERLAND AND QUALITY ACCOUNT 2023/24**

M. Cotton, Assistant Director of Communications and C. Jobling, Head of Operations (North) presented a powerpoint presentation on the North East Ambulance Service (NEAS) Quality Account and review of performance in Northumberland (a copy of the powerpoint slides and performance indicators have been filed with the signed minutes).

The presentation covered the following issues:

- 111 Call Performance over the last twelve months.
- Overall call data over the last three years and the spike in calls during winter 2022/23.
- 111 Call Outcomes.
- 999 Incident Volumes.
- The additional investment in recruitment of call handlers.

- There were now dual call handlers who would answer both 999 and 111 calls.
- Category 1 Response Performance.
- NEAS benchmark performance for Category (Cat) 1. NEAS was one of only a handful of ambulance services across the country to meet the 15 min response target.
- Category 2 Response Performance. No ambulance services were currently meeting the target.
- NEAS benchmark performance for Category 2. No ambulance services were meeting the target. NEAS would continue to collate data at the 18 mins target as there was clinical evidence to continue to aim for this.
- Average daily number of incidents.
- Vehicle hours showing an increased capacity.
- There were eight additional vehicles now on the road and a 24 hour staff rota.
- Increased workforce due to successful recruitment drives and partnership with local universities to carry out degree courses.
- Cat 2 Mean which showed that significant progress was being made but still more to be improved upon.
- A new system had been introduced to now flag phone calls for those Cat 2 incidents.
- Patients were now seeing ambulances much quicker than in previous years.
- Cat 3 and Cat 4 Response Performance.
- Benchmark Performance for Cat 3 and Cat 4 incidents.
- Hospital handover performance. There was greater awareness now and all agencies/trusts were working together to improve this area.
- Overview of quality report requirements.
- 2023/24 performance from 1 April to 31 December 2023. This showed that the number of patients had more than doubled.
- Patient Experience and feedback. The number of complaints were falling, and they had received the highest number of appreciations during the past year.
- Updated 2023/24 quality priorities:
  - To continue working with system partners to reduce handover delays.
  - Respond to patient safety incidents in a way that leads to service improvements and safer care for all patients.
  - Implementation of clinical supervision.
  - To increase service user and colleagues' involvement in patient safety and patient satisfaction activities.

A number of comments were made following the presentation, including:

- A personal perspective of the outstanding service received from NEAS.
- The localised performance data provided showed that the picture was more positive than originally thought.
- The performance data of category 1 response rates in the north compared to those in the southeast were very different. It was stated that in an emergency, minutes did matter, and any delay could have a detrimental effect on a person's life.

- In Northumberland, ambulance call outs on longer journeys were less likely to be diverted away to deal with a Cat 1 incident than those more urban areas.
- Overall, the number of people accessing primary care, needing an ambulance, and presenting at hospitals was increasing. This increase in demand was also being seen across other authority areas.
- The county had a large number of visitors to the area during the summer months which also increased capacity.
- If an ambulance took longer than expected to arrive to a Cat 1 incident, then this would be automatically recorded or if a death occurred.
- Although response times were very important it was about getting the right resource and appropriate care to the patient as quickly as possible.
- Clarification that the clock only stopped once the appropriate medical care was at the scene of an accident.
- There were still stories of people having to wait too long for an ambulance.
- Confirmation that call handlers would advise patients if there was to be a wait for an ambulance and direct them to other alternatives if appropriate.
- NEAS was committed to continue to improve.
- The local data provided was welcomed as it showed response times across the county broken down by Local Area Committee.
- The final Quality Report would be shared with the Scrutiny Officer once complete for circulation to Members.

**RESOLVED** that:

- (a) the presentation and comments made be noted, and
- (b) the Committee agree to submit a formal response to the Quality Accounts before the deadline.

## **50. 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.

## **51. DATE OF NEXT MEETING**

**RESOLVED** that the date of the next meeting be scheduled for Tuesday, 7 May 2024 at 1.00 p.m.

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

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



## HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

### PRIMARY CARE APPLICATIONS WORKING GROUP

#### Terms of Reference of the Primary Care Applications Working Group

##### **Purpose**

The purpose of the Primary Care Applications Working Group is to scrutinise and comment upon applications for variations to primary care services as consultee on behalf of Northumberland County Council's Health and Wellbeing Overview and Scrutiny Committee.

##### **Composition**

The Working Group will consist of four Members of the Health & Wellbeing Overview and Scrutiny Committee, including the Chair and Vice-Chair.

Local Members from areas affected by applications, as well as Officers and applicants or their representatives, will attend meetings as appropriate for business on the agenda.

A standing invite will be offered to HealthWatch Northumberland.

##### **Meetings**

The Working Group will convene as and when business arises.

Provisional dates will be agreed at the first meeting of the Health and Wellbeing Overview and Scrutiny Committee following the Council's Annual Meeting.

##### **Role and Activities**

The Working Group's role and activities will include:

- Acting as consultee for applications referred to the Council by the North East and North Cumbria Integrated Care Board (ICB), NHS England, Northumbria Healthcare, Northumberland County Councillors, or directly by members of the public
- Receiving advice from ICB and Officers
- Gathering evidence from applicants
- Reaching consensus on responses to applications
- Reporting back to the Health & Wellbeing Overview and Scrutiny Committee annually via publication of the Working Group's monitoring report or as required by the Chair of the Health and Wellbeing Overview and Scrutiny Committee.

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# **Northumberland County Council**

## **Primary Care Applications Working Group**

### **Monitoring Report**

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**TERMS OF REFERENCE**

## **Purpose**

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## **Composition**

The Working Party will consist of four Members of the Health & Wellbeing Overview and Scrutiny Committee, including the Chair and Vice-Chair.

## **Meetings**

The Working Group will consist of four Members of the Health & Wellbeing Overview and Scrutiny Committee, including the Chair and Vice-Chair.

Local Members from areas affected by applications, as well as Officers and applicants or their representatives, will attend meetings as appropriate for business on the agenda.

A standing invite will be offered to HealthWatch Northumberland.

## **Role and Activities**

The Working Party's role and activities will include:

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- Receiving advice from ICB and Officers
- Gathering evidence from applicants
- Reaching consensus on responses to applications
- Reporting back to the Health & Wellbeing Overview and Scrutiny Committee annually via publication of the Working Group's monitoring report or as required by the Chair of the Health and Wellbeing Overview and Scrutiny Committee

**Northumberland County Council  
Primary Care Applications Working Group  
Monitoring Report**

Ref	Date	Report	Info	Decision
1	25 July 2017	<b>Cambois Branch Surgery</b>	Cambois Branch Surgery	<b>RESOLVED</b> that the position be noted
2	15 November 2017	<b>Rothbury GP practice</b>	To receive updates relating to the proposal that Rothbury GP practice move into Rothbury Community Hospital and the recent closure of Coquetdale Dental Practice	<b>RESOLVED</b> to suggest that the Health and Wellbeing Overview and Scrutiny Committee receive a Report from NHS England, preferably at the 16 January 2018 Meeting, providing Members with the opportunity to offer a useful and positive response
3	14 December 2017	<b>Stamfordham branch surgery of the White Medical Group</b>	To receive update relating to the proposal that the Stamfordham branch surgery of the White Medical Group be closed	<b>RESOLVED</b> to:  a) support approval of the application as the appropriate way forward  b) note that comment from the local Member would be an important input to the process.
4	19 June 2018	<b>Collingwood Medical Practice, Blyth</b>	To consider future medical provision for patients of the Collingwood Medical practice	<b>RESOLVED</b> that:  a) the Primary Care Commissioning Committee be advised that this Working party supports the option to disperse the list of Collingwood's patients; and  b) a verbal update on this matter be presented to the next meeting of the Health and Wellbeing Overview and Scrutiny Committee.

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5	23 September 2019	<b>Tweedmouth Dental Clinic</b>	To consider a re-application for a change in location for Tweedmouth Dental Clinic.	<b>RESOLVED</b> that the re-application be fully supported and this Working Party's views be submitted into the consultation process.
6	24 January 2020	<b>Riversdale Surgery, Wylam.</b>	To consider an application for a change in location for delivery of primary care services from Riversdale Surgery, Wylam	<b>RESOLVED</b> that the Working Party's views be reported to the Primary Care Commissioning Committee.
7	4 August 2020	<b>Merger between Lintonville Medical Group, Brockwell Medical Group and Wellway Medical Group</b>	To consider the proposed contract merger between Lintonville Medical Group, Brockwell Medical Group and Wellway Medical Group	<b>RESOLVED</b> that the Working Party endorse the proposal for the contract merger as set out in the presentation provided.
8	1 December 2020	<b>The Gables Branch Surgery, Cambois</b>	To consider the proposal to close the Gables Surgery Branch and scrutinise and consider the implications of the requested variation to primary medical care services	<b>RESOLVED</b> that the Working Group endorse the proposal for branch surgery closure at Cambois as set out in the report
9	2 February 2021	<b>Felton Surgery Relocation</b>	To consider a proposal for the temporary relocation of Felton Surgery and Dispensary to Widdrington Surgery	<b>RESOLVED</b> that the Working Group endorse the proposal for the temporary relocation of the Felton Surgery and Dispensary to Widdrington as set out in the report
10	10 August 2021	<b>Elsdon Avenue Surgery</b>	To consider a proposal for new build premises for the Elsdon Avenue Surgery.	<b>RESOLVED</b> that the Working Group endorse the proposal for a new build for the Elsdon Avenue Surgery, as set out in the report
11	10 August 2021	<b>The Alnwick Medical Group: Longhoughton Branch</b>	To consider a proposal to close the branch surgery operations in Longhoughton.	<b>RESOLVED</b> that:  The proposed application be noted, and  A further report be presented to the Working Group to advice on the outcomes of the views expressed during the engagement activities before reaching a decision on this application.
12	7 December 2021	<b>Operation Hadrian</b>	To consider a proposal to develop a state-of-the-art Integrated Care Hub in Cramlington, based in a purpose-built facility at Northumbria Specialist Emergency Care Hospital (NSECH)	<b>RESOLVED</b> that the Working Group endorse the proposal to relocate the Brockwell surgery to the NSECH hospital site to support the effective delivery of high

				quality safe primary care services in a fit for purpose building.
13	12 April 2022	<b>Cheviot and Glendale</b>	To consider a proposal to merge Cheviot Medical Group and Glendale Surgery.	<b>RESOLVED</b> that the Working Group support the request to merge the Cheviot Medical Group and Glendale Surgery practices to support the effective and sustainable delivery of high quality safe primary care services.
14	31 May 2022	<b>Ponteland Medical Group – Dinnington Branch</b>	To consider a proposal to develop a new practice premises building to accommodate the surgery at Dinnington, a branch of Ponteland Medical Group, via a third-party developer – Argon Property Development Solutions (“APDS”)	<b>RESOLVED</b> that the Working Group support the request for a new build in Dinnington Village for the Ponteland Medical Group, Dinnington Branch Surgery, to support the effective delivery of high quality safe primary care services in a fit for purpose building.
15	4 October 2022	<b>The Alnwick Medical Group – Longhoughton Branch</b>	To consider a proposal to close the branch surgery operations in Longhoughton. It was agreed in August 2021, that a further report would be brought back to the working group to advice on the outcomes of the views expressed during the engagement activities before reaching a decision on this application.	<b>RESOLVED</b> that further investigation work be carried out with Westfield Park Sports Complex to explore if primary care services could be delivered regularly from their site.
16	6 December 2022	<b>Proposed Relocation of Dr J Old Dental Practice</b>	The proposal is to merge two part-time single surgery dental practices. The practices are both located in NHS medical centers at Bedlington Station (3 days per week) and Widdrington Station (2 days per week).	<b>RESOLVED</b> that further discussions take place between NHS England and Dr Old before a decision is reached.
17	2 May 2023	<b>Lloyds Pharmacy, Cramlington</b>	To discuss the proposed closure of Lloyds Pharmacy, operating from Sainsbury’s supermarket, Manor Walks, Cramlington.	<b>RESOLVED</b> that the Working Group: a) note the new developments and the action being taken to mitigate against the risks to Northumberland residents.

				b) be kept informed of any further developments.
18	1 August 2023	<b>Northumbria Primary Care notification re Darras Hall Closure</b>	This report details the application made by Northumbria Primary Care and Ponteland Medical Group to close a branch site.	<b>RESOLVED</b> that the Working Group: a) note the proposals. b) A report be brought back to the Group following the consultation
19	3 October 2023	<b>Proposed Merger of Widdrington and Bedlington Dental Practice – Dr J Old Dental Surgery</b>	To receive an update report	<b>RESOLVED</b> that: a) the Working Group agree the engagement activities taken place had been appropriate. b) the ICB ensure that the parish council be consulted as part of the wider consultee list. c) members agree with the proposals to close Dr Old’s Dental Surgery in Widdrington and move all dentistry provision to the Bedlington site.
20	3 October 2023	<b>Alnwick Medical Group Longhoughton Branch Final Engagement Report</b>	To receive an update report in relation to engagement in relation to Primary Care Medical Services provision at Longhoughton	<b>RESOLVED</b> that the implications of the final engagement report and the proposed continued engagement process to support the sustainable, effective delivery of high quality safe primary care services in a fit for purpose building be considered and scrutinised.
21	5 December 2023	<b>Ponteland Medical Group – Darras Hall Surgery Services Cessation Final Engagement Report</b>	To receive the update report on engagement in relation to Primary Care Medical Services provision at the Darras Hall Surgery.	After consideration it was <b>RESOLVED</b> that the Primary Care Applications Working Group:



				<p>a) Scrutinise and consider the implications of the final engagement report and the proposed continued engagement process to support the sustainable, effective delivery of high quality safe primary care services in a fit for purpose building.</p> <p>b) Support the application to close the Darras Hall Surgery.</p> <p>c) A further update report be presented to Members in 12 months' time to see the impact of the change.</p>
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## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 14 March 2024 at 10.05 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Bradley, N.	Rennison, S.
Jones, V.	Sanderson, H.
Kennedy, S. (Substitute)	Snowdon, H.
McCartney, S.	Standfield, P.
Moulder, B. (Substitute)	Syers, G.
O'Neill, G.	Watson, J.
Pattison, W.	Wigham. R. (Substitute)
Reiter, G.	

#### IN ATTENDANCE

H. A. Bowers	Democratic Services Officer
K. Marynissen	Public Health Trainee
L. Robertshaw	Public Health Speciality Registrar

#### 63. APOLOGIES FOR ABSENCE

Apologies for absence were received from A. Blair, G. Binning, A. Conway and Councillor M. Purvis.

#### 64. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 8 February 2024, as circulated, be confirmed as a true record and signed by the Chair.

#### 65. DISCLOSURES OF INTEREST

P. Standfield declared an interest in item 4 – Northumberland Adult Social Services Self-Assessment (LASAIR) and agenda item 6 – Director of Public Health Annual Report 2023 – Ageing Well in Northumberland as he was currently employed as Chief Executive of Abbeyfield Northumbria.

## 66. NORTHUMBERLAND ADULT SERVICES SELF-ASSESSMENT

Members received the current version of the Adult Services Self-Assessment (LASAIR) document for Northumberland which had been developed in preparation for the Local Authority CQC inspection. The self-assessment provided an overview of how Northumberland's Adult Social Care Service met the Care Act 2014 legislative requirements including a summary of the key strategic priority areas, strengths and risks and challenges.

Councillor Pattison, Cabinet Member for Caring for Adults reported that the document had been produced to look at the strengths and needs of how Adult Social Care Services met the requirements of the Health Care Act 2024 and how the Council were committed to providing a high quality service.

A presentation was shared by Sarah Zarraga, Senior Manager, Adult Social Care.

Key issues included:-

- Legislative Context
  - The Health and Care Act 2022 gave the CQC new regulatory powers to assess Local Authorities delivery of Adult Social Care.
  - The CQC was the independent regulatory of health and social care in England with responsibility for the regulation of Providers, Local Authorities and Integrated Care Systems.
  - The independent assessment of Local Authorities commenced on 1 April 2013.
- The CQC Single Assessment Framework
  - Single Assessment Framework for Providers, Local Authorities and Integrated Care Systems.
  - Five Key Questions – Are services safe, effective, caring, responsive and well led.
  - Quality Statements – there were a set of 9 Quality Statements applicable to Local Authority Assessments.
  - Ratings – there was no change to the 4 ratings – Outstanding, Good, Requires improvement and Inadequate.
- The CQC Single Assessment Framework assessed Providers, Local Authorities and Integrated Care Systems with a consistent set of key themes from registration to ongoing assessment.
- 4 Themes with 9 Quality Statements:
  - Working with people
  - Providing support
  - Ensuring Safety
  - Leadership
- Preparation for the Self-Assessments involved:
  - An established CQC Core Team, CQC Senior Management Team and internal CQV Lead Officers.

- Production of Quality Statement Returns which supported service areas to demonstrate how they contributed to each of the 9 Quality Statements.
- Review and update of Policies and Procedures.
- A CQC Evidence Library.
- Production of Local Authority Self-Assessment (LASAIR).
- The Self-Assessment was a comprehensive overview of how legislative requirements were met under the Care Act and aligned to the 4 themes of the CQC Assessment, underpinned by internal evidence library, updated on a quarterly basis.
- The Self-Assessment was made up of Northumberland; Key strategic priority areas; Key strengths and Key risks and challenges.
- Local demographics used to identify our ageing population and reference our market position statement which summarised the health and care needs of our adult population. It referenced the Corporate Plan underpinned by Corporate Vision and Priorities with examples of integration with key stakeholders.
- Key strengths included supporting unpaid carers, preventative support and engagement and co-production.
- Key strengths included strong integrated partnerships, Social Work Academy and Safeguarding Partnership and Multi-Agency Safeguarding Hub.
- Key risks and challenges – workforce capacity, engagement and co-productions, direct payments and carers.
- Timeline:
  - 5 pilot site LAs inspected April 2023 – September 2023
  - 20 further LACs to be inspected September 2023 – April 2024
  - Notification of inspection on 19 February 2024
  - Local Authority Return submitted 8 March 2024.
  - A site assessment to take place within 6 months of notification date

The following comments were made:-

- One of the key risks was workforce capacity but this was the same for all other authorities. However, the numbers of people in Northumberland requiring domiciliary care had reduced from 270 to 35 through improving processes which was a good direction of travel.
- The strength-based approach focused on integration between Social Workers and clients to enhance their quality of life and to focus on what was going well. CQC would see evidence of a strength-based approach.
- We are continually looking to see what system technology could be utilised for each regional group to support different facets of adult services. There was a current pilot for Mobilise, a web-based solution.
- Direct Payments were particularly low in Northumberland, with authorities being under pressure to increase the numbers. Some authorities sent Direct Payments to the carer to buy equipment, Northumberland gave the equipment to the carer in the hope to empower people to control their own lives.
- Individual action plans were timetabled into work.

- The LASAIR version circulated to members had been updated and this would be shared again.

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

## **67. TRANSPORT HEALTH NEEDS ASSESSMENT**

Members received a presentation on what was currently being provided in terms of public and community transport across Northumberland, what was needed by the people of Northumberland and where gaps are. The report was presented by Kaat Marynissen, Public Health Trainee.

Councillor Jones introduced the report and referred to the lack transport which was acknowledged as an inequality in the Health & Wellbeing Strategy and transport was one of the building blocks of a good life. The report was about the availability of public and community transport and to identify gaps.

A number of key points were raised in the presentation including:

- Looking at population needs and the current provision.
- Public transport theoretically was available to all with fixed routes and fares.
- Community transport was community led with volunteer driver schemes, patient transport and home to school transport.
- The work grew from the Health Inequalities Plan
- Health defined in 3 keys areas – access to health care services; economic health and social health.
- The Place Standard Tool was often used to develop the Inequalities Plan.
- Different scores in different areas guided the report. Rurality and sparse areas gave rise to different challenges.
- Four key themes – geography; socio-economic, protected characteristics and accessibility.
- Since the pandemic there had been a drop in the usage in public transport and numbers were still lower than pre-pandemic
- The darker areas of the maps identified the higher areas of deprivation. The dense cluster in the rural areas showed higher deprivation where transport was sparser and evening services less in rural areas.
- More services could be run commercially in the southeast of the county.
- The impact of getting to and from work and travel time.
- The diminishing capacity of providers, eg costs and increases.
- What do we need?
  - Reliability and how to sustain the service.
  - Reach, the network has shrunk over the past few years.
  - Flexibility – travel time and timetabling.
  - Affordability – appreciation of the £2 cap and concessionary passes.
  - Accessibility- ensuring passengers with extra needs are supported eg, visual and access to information.
  - Safety – personal and safeguarding.

- The overarching recommendations of the assessment were:
  - To prioritise transport as a key factor in sustaining good health with healthcare partners; work with businesses and employability schemes to incorporate into the JHWB strategy.
  - To ensure sustainability of public transport network for regular data analysis of networks; highlight rural transport needs in regional work; lobby for continuation of the £2 cap fare and invest in digital platform for public transport.
  - To ensure sustainability of community transport network with longer term funding and collaboration between VCSFE and LA.
  - To support those at highest risk of transport related exclusion by a place-based approach to community transport, increase awareness of concessionary passes and accessibility.

The following comments were made:

- The presentation would be forwarded to S. Rennison.
- As the assessment mainly concentrated on the current transport provided, there had been an in-depth look into air quality. The transport need had mainly focused in the rural areas.
- A follow up report would be brought back in 12 month's time.
- Discussion took place on the issue missing bus timetables; investment into an interactive infrastructure and the maintenance of bus stops and whether the Council or Parish and Town Councils were responsible.
- A summary should be sent to the leaders and portfolio holders of the Combined Authority and the whole report to Henry Kippin.

**RESOLVED** that the Health & Wellbeing Board receive and endorse the recommendations detailed in Chapter 7 of the full report and to embed those into the Joint Health and Wellbeing Strategy.

## **68. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 – AGEING WELL IN NORTHUMBERLAND**

Members received the Director of Public Health (DPH) Annual Report for 2023. The report focused on ageing well in Northumberland and highlighted the way that could promote independence and function ability in older adults.

A short introduction was given by Gill O'Neill, Director of Public Health who explained that the report looked at ageing well and its importance for the demography of Northumberland and the focus of good health.

Luke Robertshaw explained that Public Health had led on the development of the report with input from Adult Social Care and the Voluntary Sector.

A presentation was shared with the following key information:

- Directors of Public Health had a duty to write an Annual Public Health Report on the health of the local people and a duty to publish.

- The graph showed that Northumberland had the highest population of 55+ in the North East local authority areas.
- The average life expectancy in the most deprived areas was 18 years less than those in the least deprived areas.
- The report focused on promoting 5 key areas of function:
  - Meeting basic needs
  - Being mobile
  - Contributing to society
  - Building and maintaining relationships
  - Learning to grow and making decisions
- Meeting the basic needs:
  - Good housing
  - Healthy diet and nutrition
  - Financial wellbeing
  - Staying healthy for longer
  - Health and Social Care when needed.
- The recommendations of the report for working together to promote ageing well across the county were:
  - Promote a strengths based narrative on ageing well.
  - Consider ways to embed ageing well in all our areas of work.
  - Continue to support and promote the Ageing Well Network.
  - Continued to monitor available data.
  - Continue to pursue our approach of Asset Based Community Development.
- Three areas of the report stood out as requiring a stronger focus:
  - Ensuring that ageist attitudes and behaviours were challenged and stamped out across institutions and communities.
  - More could be done to increase awareness of the need for older adults to maintain strength and balance.
  - We must work with our communities to combat social isolation.

*(Councillor Watson left the meeting at 11:25 am).*

The following comments were made:

- It was good to see a narrative flip focusing on ageing well and not ill health.
- This was a useful document for the Fire Services as a reference document and would be used for reference.
- A request was made for the summary of recommendations on what had been achieved to be brought back. The Director of Public Health was keen for this to happen and would be a way forward in the future. She informed members that the next DPH report would focus on moving more. If deeper conversation was required in other multi-disciplinary groups, she was keen to have discussion with the relative service areas.

**RESOLVED** that the report be considered and the findings in the independent DPH Report 2023 be accepted.



## 69. COUNTY PARTNERSHIP AND INSTITUTE OF HEALTH EQUITY GOVERNANCE

Members received an update and presentation from Gill O'Neill, Executive Director of Public Health.

The Board was informed that the mission was to focus on people and reduce the gap in experiences across health, education, employment and social outcomes and to ensure good building blocks for a good life.

An inequalities lens was taken through a strength-based approach from the assets available in Northumberland.

The Health & Wellbeing Board had recently been reframed working with different partnerships, updating the strategic community safety partnership and working collectively with the Safeguarding Board and the voluntary sector.

There had been a gap in the economic partnership in different forums and there was now the opportunity to bring the public and voluntary sector together.

The Northumberland County Partnership and Health & Wellbeing Board would bring the most senior people together with the common purpose of tackling inequalities.

A shadow meeting had taken place last October with partners.

The membership would consist of chief officers,

The first inaugural meeting was proposed for the morning of 17 April to take place before the Showcase Event.

A contract had been jointly funded between the Local Authority and ICB to work with the Institute of Health Inequality. This would be a 2-year relationship with a deep dive into housing and employment in year one and the October event would focus on housing and health.

Stories would be shared through the JNSAA and taken to the first County Partnership meeting.

The governance arrangements for the Partnership had been discussed and the proposals were that the Partnership would meet in April, July and October with stakeholder events. The Health & Wellbeing Board could act as an Advisory Board and members were asked how they would like this to be taken forward. Different options were discussed, and it was agreed that the meetings be held in a closed forum.

*Councillor Pattison left the meeting at 11.45 am).*

An offsite meeting with a partner host was suggested.

**RESOLVED** that the information be noted.

**70. HEALTH AND WELLBEING BOARD – FORWARD PLAN**

Members noted details of forthcoming agenda items at future meetings.

Health & Wellbeing Strategy

**71. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 11 April 2024, at 10.00 am in County Hall, Morpeth.

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

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

# Quality Priority Update

- **2023/2024 delivery**
- **Priority setting for 2024/25**

Ramona Duguid – Chief Operating Officer

Sarah Rushbrooke – Executive Director of Nursing, Therapies & Quality Assurance

## What were our Quality Priorities during 2023-24, how do they fit with our Quality Domains and how did we do?



# Quality Priority 1: Reducing restrictive practice

## What we set out to achieve?

- Reduce the use of restrictive interventions.
- Reduce the use of Prone Restraint.
- Reduce the use of Long-Term Segregation.
- Improve training and education of all relevant staff around
  - Trauma Informed Care
  - Human Rights
  - HOPEs Clinical Model.

## Progress

- The Trust has reduced its segregation by on average 50- 75 % in the last 2 years.
- Prone restraint has reduced during 23/24.
- Training has been delivered across the Trust including:
  - Human rights train the trainer sessions
  - HOPEs Clinical Model – train the trainer (5 days – 24), barriers to change (2 days- 182) and awareness sessions (3 hours- 792)
- Trauma informed care lead appointed. Launch event held with Trust leaders and managers during March 24.

## Quality Priority 2: Therapeutic Engagement and Observation

### What we set out to achieve

- Improve training and education for all relevant staff who undertake engagement and observation.
- Improve the quality of therapeutic engagement.
- Review approach to engagement and observations.

### Progress

- Engagement and observation policy reviewed and updated.
- New training package launched for all staff – on target to achieve 95%.
- Audit tool and techniques improved and compliance arrangements in place across all CBUs where improvements are required.
- Engagement and observation discussed as part of clinical supervision.

## Quality Priority 3: Reduce waiting times in our Children's and Young People's Services (Mental Health and Neuro developmental)

### What we set out to achieve

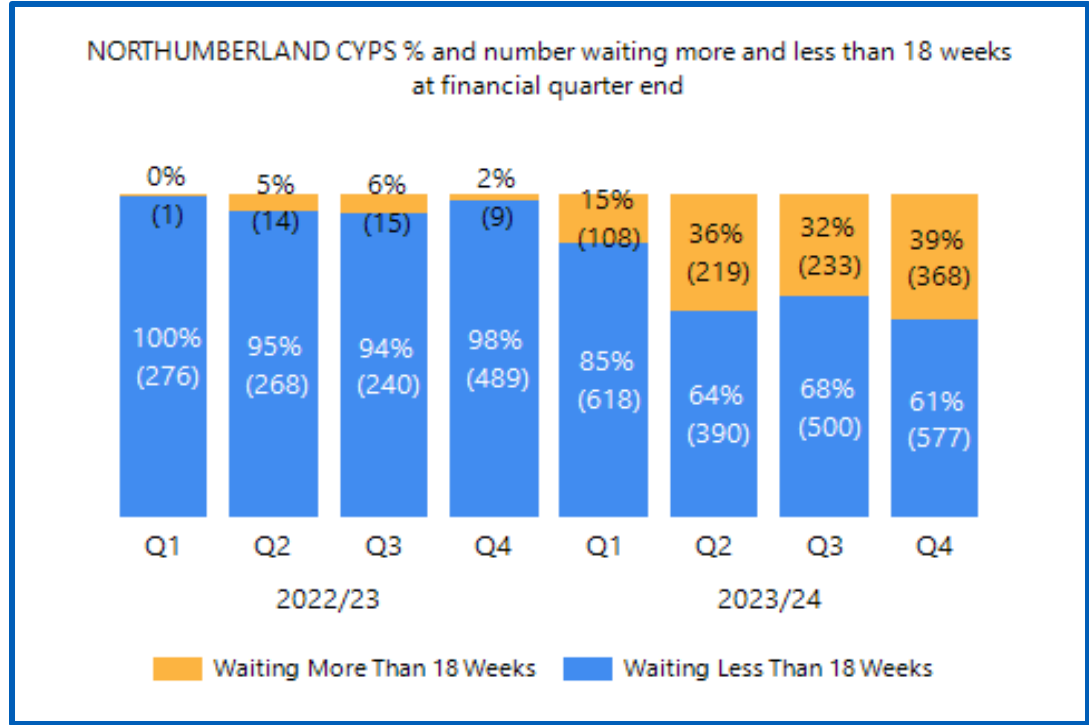
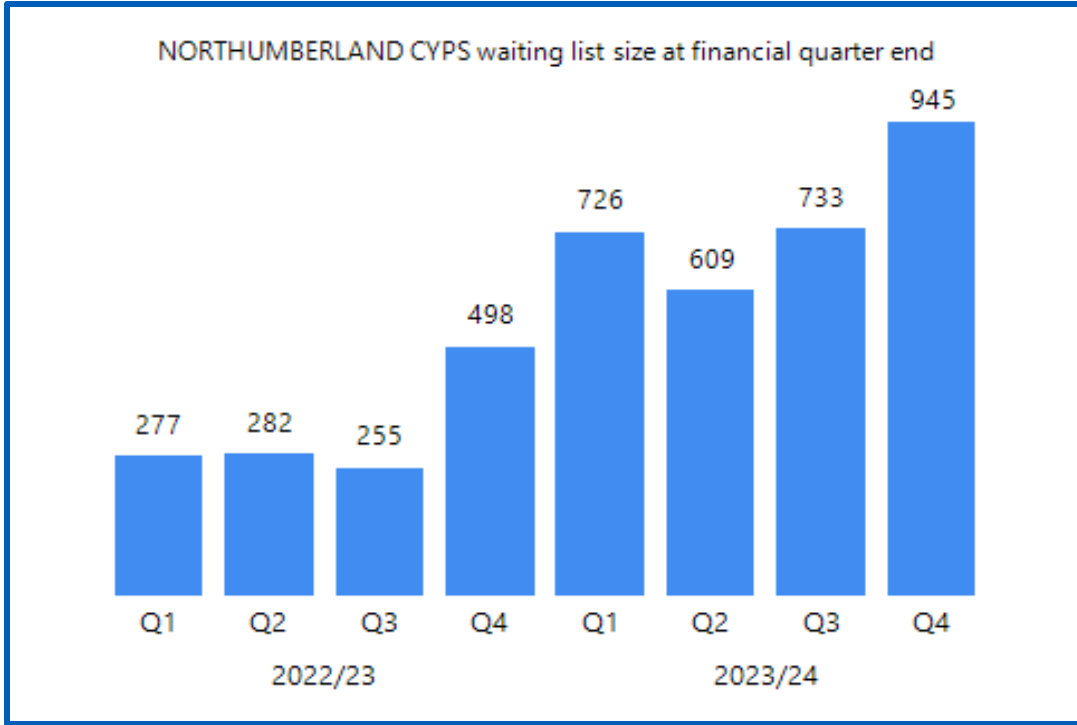
- Develop Neurodevelopmental Pathway waiting times improvement proposals.
- Neurodevelopmental Pathway waiting times proposals review / sign off.
- ICB Neurodevelopmental waiting time Proposals to reduce longest waiters.
- Developing referral form based on need not diagnosis with clear criteria of moderate to severe to avoid inappropriate admissions.

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### Progress

- Pathway redesign complete and endorsed by Executive Management Group. This will be implemented with partners during 2024/25 to ensure a standardised approach for CNTW.
- Ongoing investment secured to support third sector and support for improvement access and waiting times.
- In Progress, agreeing across pathways and linking with Place based commissioners and partners.

# Waiting times within CYPS





# Quality Priority 4 – Implement Patient Safety Incident Response Framework (PSIRF)

## What we set out to achieve

Implement the new PSIRF in accordance with national timeframes.

- Compassionate engagement and involvement of those affected by patient safety incidents
- Application of a range of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focussed on strengthening response system functioning and improvement

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## Progress

- Core team & 6 workstreams established
- Staff, service user and carer workshops / engagement events held
- PSIRF Plan & Policy approved Nov 23 (Board/ICB)
- Go Live 22<sup>nd</sup> January 2024.
- 600+ staff trained in new approaches to investigation

## Quality Priority 5 – Closed Cultures

### What we set out to achieve

- Establish a 'live' process to look at early warning triggers across inpatient services.
- Increase visibility and leadership visits out of hours and at weekends.
- Establish the healthcare assistant development programme.
- Review the response to the Edenfield recommendations to ensure they are embedded.

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### Progress

- Open culture dashboard developed and soft launch for testing before full roll out in 24/25.
- Leadership visit programme in place, this will continue to focus on out of hours and weekends.
- Healthcare assistant programme developed and will be launched Q1 24/25.
- Full response to Edenfield learning produced.
- Follow up on areas identified for improvement covering four domains of leadership, patient carer voice, values and behaviours in clinical practice and intelligent data progress completed March 2024.

# Quality Priority 6 – Implement Governance Review

## What we set out to achieve

- Embedding of whole scale governance review implemented June 2024.
- Internal well-led assessment against the CQC Well-led domain undertaken by Board – November 2024

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## Progress

- New Governance structure refreshed and implemented. Further amendments to terms of reference has resulted in further clarity. Ongoing discussions undertaken via Trust Leadership Forum in December 2023, January and February 2024.
- Internal Audit advisory review on the implementation of the new governance framework complete with **substantial assurance** – outcomes to be reported to Audit Committee and Board during Q1 2024-25.
- Outcomes incorporated into a review of Board, Board Committee and Council of Governors governance.

# Quality Priority 7 – Reduce Reliance on Unregistered Agency Staff

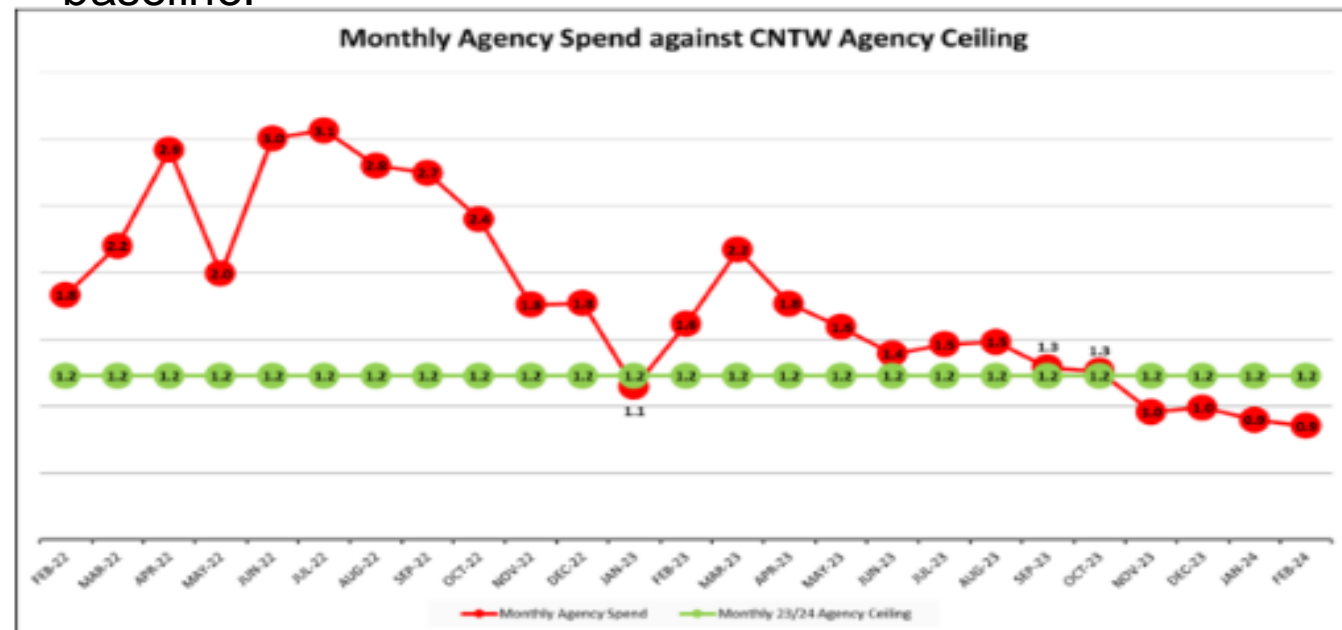
## What we set out to achieve

- Achieve national agency cap standard (£1.2m per month) as a minimum.
- Delivery a revised bank staffing system.
- Deliver revised inpatient staffing baseline.

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## Progress

- Agency trajectory delivered.
- Improvements to bank system achieved but will remain a focus for 24-25 as part of the financial plan for the Trust along with delivering the inpatient staffing baseline.

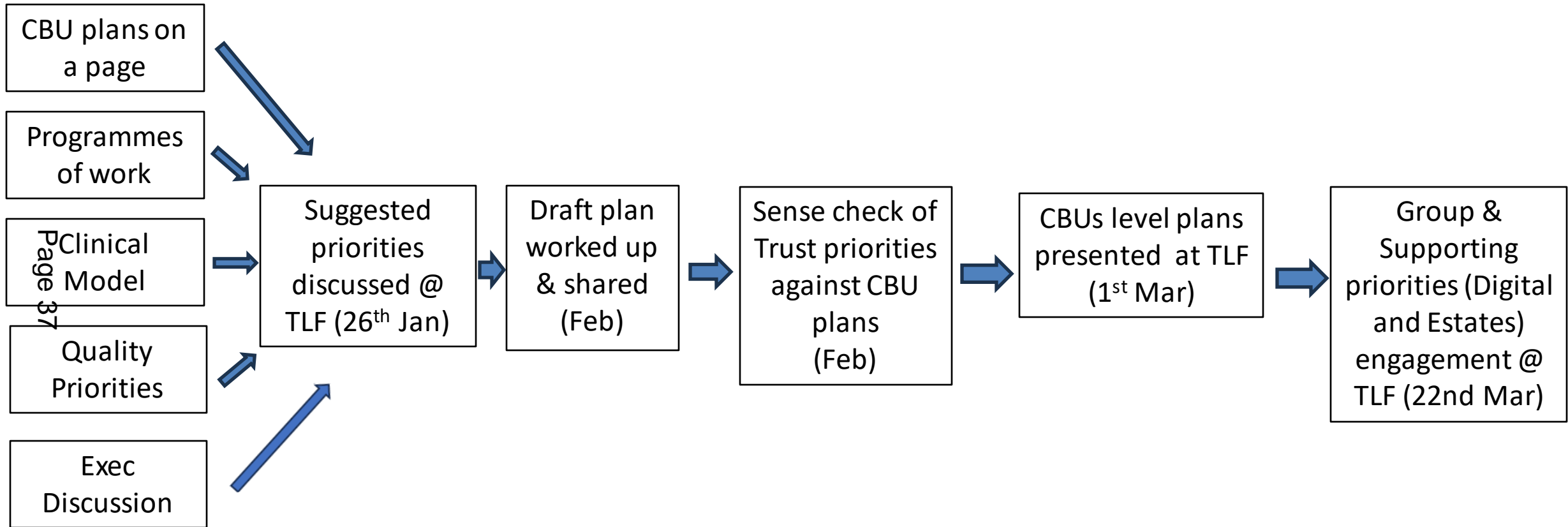


## What are our Quality Priorities for 2024-25?

# Quality Priorities for 2024-25

- We have developed the Quality Priorities as an integral part of the Annual Planning process underpinning delivery of the Trust Strategy - With YOU in mind.
- The trust strategy sets out our 5 Strategic Ambitions:
  - Quality care, every day
  - Person-led care, when and where it is needed
  - A great place to work
  - Sustainable for the long term, innovating every day
  - Working with and for our communities
- Ambition 1 – Quality of Care Every Day, includes the Quality Priorities for 2024-25
- The development of the deliverables and measures will be developed through Q1.

# Trust Planning



# Ambition 1 | Quality of Care Every Day

## Quality Priorities

Implement PSIRF (Patient Safety Incident Response Framework) – ongoing from 2023-24

Delivering on the key learning from key safety improvement themes;

- Reduce violence
- Improve Physical Healthcare
- Reduction in Suicides
- Reduce restrictive practice

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Ensure that the six principles of the Triangle of Care are fully embedded throughout the organisation.

Embed learning through research and informing improvements in care delivery.

Embed a culture of Trauma Informed Care and its approaches across the organisation.





ANY  
QUESTIONS?

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## DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS - APRIL 2024 TO JUNE 2024

DECISION	CABINET DATE/DECISION
<b>Cabinet Papers – 9 April 2024</b>	<a href="https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2301">https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2301</a>
<b>Q3 Corporate Plan Performance Report</b>	<b>9 April 2024</b>  <b>RESOLVED</b> that progress against the three Corporate Priorities, as summarised in the report, be noted.
<b>Hirst Masterplan</b>	<b>9 April 2024</b>  <b>RESOLVED</b> that  (a) Cabinet note the attached Executive Summary of the Hirst Draft Masterplan and outline options for the long-term regeneration of the area;  (b) Cabinet support the aspiration to work towards the ‘Do Maximum’ option, as set out in section 6.1 of this report, during the ongoing development process;  (c) Cabinet approve the establishment of a ‘Hirst Partnership Board’, to be Chaired by the Director of Housing & Planning and to comprise stakeholders, partners, and Senior Officers from Northumberland County Council (NCC);  (d) Cabinet approve the recruitment to two collaborative Hirst regeneration posts, to be funded equally by key stakeholders NCC Housing, Advance Northumberland, and Bernicia for three years. The posts will be hosted by the Strategic Housing function within the NCC Housing Service. NCC element will be funded through Housing Reserves; and  (e) Cabinet note that communications on the Hirst Masterplan will be integrated into the overall communications strategy for the town as linked to the Ashington Town Board.
<b>Energy Central Campus Phase 1 – Technical Training Kit: Outline Business Case</b>	<b>9 April 2024</b>  <b>RESOLVED</b> that:  (a) Cabinet approve the Outline Business Case for the Energy Central Campus Phase 1 – Technical Training Kit to enable progression to Full Business Case;  (b) Authority be delegated, in accordance with the Local Assurance Framework, to the Council’s s151 Officer following consideration of the recommendation of the

	<p>Energising Blyth Programme Board to approve the Full Business Case;</p> <p>(c) Authority be delegated to the Council's s151 Officer to enter into a Grant Funding Agreement between the Northumberland County Council as the fund Accountable Body and Energy Central Campus Ltd; and</p> <p>(d) Authority be delegated to the Executive Director of Place and Regeneration to enter into any contracts relating to the project up to the value of £1.45m, subject to confirmation of associated funding being in place and the appropriate procurement processes being followed.</p>
<p><b>Summary of New Capital Proposals considered by Officer Capital Strategy Group</b></p> <p><b>Berwick Culture and Creative Zone</b></p> <p><b>Northumberland Playzones</b></p>	<p><b>9 April 2024</b></p> <p><b>RESOLVED</b> that:</p> <p>(a) Cabinet accept capital grant funding of £0.330 million for the Berwick Culture and Creative Zone (CCZ) and approve the amendment to the Capital Programme to include the capital grant funding in 2024-25;</p> <p>(b) Cabinet note the reallocation of grant funding from revenue to capital of £0.110 million and approve the amendment to the Capital Programme to include the capital grant funding in 2025-26; and</p> <p>(c) Cabinet approve the amendment to the Capital Programme to reprofile £0.100 for the CCZ project from 2024-25 to 2025-26.</p> <p>(a) Cabinet note the 75% grant contribution of £1.396 million from the Football Foundation for the 6 sites within Portfolio 1 and approve the amendment to the capital programme to include the grant funding in 2024-25;</p> <p>(b) Cabinet note the Section 106 funding of £0.284 million and approve the amendment to the Capital Programme to include the funding in 2024-25;</p> <p>(c) Cabinet note the other external funding of £0.050 million detailed in the report and approve the amendment to the Capital Programme to including the funding in 2024-25;</p> <p>(d) Cabinet note the £0.020 million contribution from Cllr Stewart and Cllr Scott and approve the amendment to the Capital Programme to reallocate £0.020 million from the Member's Local Improvement Schemes budget to the Northumberland Playzones Project in 2024-25; and</p> <p>(e) Cabinet approve the proposed spend of £0.111 million which will be funded using the existing Northumberland</p>

	<p>Playzones project in the Capital Programme, which has a current budget of £0.300 million in 2024-25.</p>
<p><b>Housing Regeneration Report – Stock Rationalisation</b></p>	<p><b>9 April 2024</b></p> <p><b>RESOLVED</b> that:</p> <ul style="list-style-type: none"> <li>(a) Cabinet approve placing lettings on hold within these low demand blocks;</li> <li>(b) Cabinet approve the prioritisation of customers for rehousing; the issuing of Homeloss and disturbance payments as appropriate;</li> <li>(c) Cabinet approve the removal of the existing void properties from the Housing Revenue Account rent roll;</li> <li>(d) Authority be delegated to the Executive Director for Place and Regeneration to commence negotiations to acquire the two residential leasehold properties and develop a suitable compensation package. Should negotiations not be successful, to compulsorily acquire the properties using compulsory purchase powers as a last resort;</li> <li>(e) Cabinet approve Compulsory Purchase Order process for adjacent properties if required; and (f) Cabinet approve the demolition of low demand stock in Blyth as detailed in the report.</li> </ul>
<p><b>Outcome of the Tenders for the Coquet Partnership</b></p>	<p><b>9 April 2024</b></p> <p><b>RESOLVED</b> that:</p> <ul style="list-style-type: none"> <li>(a) Cabinet note the outcomes of the tender process and approve the delegation to award the contract to Robertsons Construction for the refurbishment works on the South Avenue Site and to Portakabin for the extensions required at the feeder first schools, to the Executive Director for Children, Young People and Education; and</li> <li>(b) Cabinet note that, in order to complete the works within the implementation timescales approved by Cabinet on 17th November 2022, a Letter of Intent was issued for works up to a capped value of £989,194.87 prior to the final award of contract. This was undertaken to prevent any increase in cost or delays in programme until the award of contract is complete in April 2024.</li> </ul>

## FORTHCOMING CABINET DECISIONS

<p><b>Northumberland Energy Park Phase 3 (NEP3)</b></p> <p>(Exempt Report) The Northumberland Energy Park Phase 3 (NEP3) site at East Sleekburn is a key strategic employment land site for the County Council; this report will propose how the County Council may wish to maximise the impact of the site for economic growth purposes.</p>	<p>23 April 2024</p>
<p><b>Energising Blyth: Levelling Up Deep Dive – Bowes Ct.</b></p> <p>This report updates Cabinet and seeks approval of the Outline Business Case and other key decisions regarding the delivery of the Bowes Court retro-fit of properties. It will recommend the following:</p> <ul style="list-style-type: none"> <li>• To approve the Outline Business Case to enable progression to Full Business Case.</li> <li>• Delegate authority, in accordance with the Local Assurance Framework, to the Council’s Executive Director of Finance (Section 151 Officer) following consideration by the Energising Blyth Programme Board to approve the Full Business Case.</li> <li>• Delegate approvals to the Executive Director for Place and Regeneration to enter into any contracts relating to the project subject to confirmation of associated funding being in place and the appropriate procurement processes being followed.</li> </ul>	<p>7 May 2024</p>
<p><b>Financial Performance 2023-24 - Position at the end of February 2024 (Provisional Outturn)</b></p> <p>The report will provide Cabinet with the revenue and capital forecast provisional outturn against budget for 2023-24. Due to the timing of the statutory accounts deadline the forecast provisional outturn will be based on the position at the end of February.</p>	<p>7 May 2024</p>
<p><b>Climate Change Action Plan 2024-26</b></p> <p>To replace the expiring Climate Change Action Plan 21021-23 and to set out our intended strategies for reaching our climate change targets across the next three years and beyond.</p>	<p>7 May 2024</p>
<p><b>Enterprise Zone – Ashwood Business Park</b></p> <p>The purpose of this report is to provide Cabinet with the update and outline of the most recent variation to the Ashwood Enterprise Zone (EZ) business case application from Advance Northumberland to the NELEP.</p>	<p>7 May 2024</p>
<p><b>Loan to Branxton Parish Council</b></p> <p>This report provides details of a potential loan facility to Branxton Parish Council of £1,300.</p>	<p>7 May 2024</p>
<p><b>Oracle Contract Refresh</b></p> <p>To gain Cabinet’s agreement on refreshing Oracle contract to provide NCC’s Enterprise Resource Planning, Human Capital Management and Enterprise Performance Management services.</p>	<p>7 May 2024</p>

<p><b>Public and Community Transport Health Needs Assessment</b></p> <p>For approval.</p>	<p>7 May 2024</p>
<p><b>Selective Licensing Scheme</b></p> <p>To review the Selective Licensing proposal including the changes detailed following the Consultation. To approve the recommendations detailed in the Consultation outcome for the Selective Licensing scheme. To seek approval for the Selective Licensing scheme which is proposed for a designated area of Blyth.</p>	<p>11 June 2024</p>

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# Northumberland County Council

## Health and Wellbeing Overview and Scrutiny Committee

### Work Programme and Monitoring Report 2024 - 2025

Page 47

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

Agenda Item 10b

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 2024 - 2025**

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.
2 July 2024		
Page 50	Northumbria Primary Care Governance and Strategy	At members request, Northumbria Primary Care (NPC) will present their vision, an overview of their strategy and details of their governance arrangements.
	3 September 2024	
	Northumberland Coroner's Annual Report	The Senior Coroner produces an annual report as an update on his work to date, together with a forward look at future challenges and opportunities and as a form of a formal update on coronial judicial matters to Members and Executives at NCC.
	HealthWatch Northumberland Annual Report	Annual report from HealthWatch Northumberland. The report highlights the areas HealthWatch Northumberland have focused on in the previous year and sets out key areas of focus for the coming year. The Committee can use this report to inform its work programme.
5 November 2024		
	Welfare Rights Annual Report	

	Complaints Annual Report 2022- 23: Adult Social Care and Continuing Health Care Services	Annual report on complaints and lessons learnt within Adult's social care. Committee to identify any further areas for scrutiny.
7 January 2025		
	Adults and Children's Safeguarding Board Annual Report	
4 March 2025		
	Director of Public Health Annual Report	DPH's Annual Report highlighting the priorities for the DPH for the coming year.
1 April 2025		
	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.

**Northumberland County Council**  
**Health and Wellbeing Overview and Scrutiny Committee Monitoring Report 2024-2025**

Ref	Date	Report	Decision	Outcome
1				