



# Northumberland County Council

**Your ref:**

**Our ref:**

**Enquiries to:** Andrea Todd

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

**Tel direct:** 01670 622606

**Date:** 29 June 2023

Dear Sir or Madam,

Your attendance is requested at the Annual Meeting of the **HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE** to be held on **TUESDAY, 11 JULY 2023 at 2.00 p.m.** in Conference Room 1, County Hall, Morpeth, NE61 2EF.

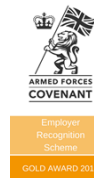
Yours faithfully

Dr Helen Paterson  
Chief Executive

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



**Dr Helen Paterson, Chief Executive**  
County Hall, Morpeth, Northumberland, NE61 2EF  
T: 0345 600 6400  
[www.northumberland.gov.uk](http://www.northumberland.gov.uk)



# 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 17 May 2023 and subsequent changes.

#### Membership:

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

Quorum 3

Chair:

Vice Chair: K. Nisbet

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

#### 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

## 2. APOLOGIES FOR ABSENCE

## 3. MINUTES

(Pages 1  
- 6)

Minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 2 May 2023, 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 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.

**5. PRIMARY CARE APPLICATIONS WORKING GROUP**

(Pages 7  
- 14)

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  
15 - 30)

The minutes of the Health & Wellbeing Board held on 13 April 2023 and 11 May 2023 are attached for the scrutiny of any issues considered or agreed there.

**7. REPORTS OF THE CABINET MEMBER FOR CARING FOR ADULTS**

(Pages  
31 - 48)

**(a) Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services**

This report describes contingency and management arrangements that Northumberland County Council would enact in the event of a social care provider ceasing to operate.

**(b) Update on Pressures in Adult Homecare Services**

This report describes the current difficulties facing adult homecare services in Northumberland, steps that have been taken to resolve these difficulties and the plans in place that aim to resolve workforce shortages in that sector.

**8. REPORTS OF THE SCRUTINY OFFICER**

(Pages  
49 - 62)

**(a) Forward Plan**

To note the latest Forward Plan of key decisions. Any further changes to the Forward Plan will be reported at the meeting.

**(b) Health and Wellbeing OSC Work Programme**

To consider the work programme/monitoring report for the Health and Wellbeing OSC for 2023/24.

**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. SCHEDULED DATES OF FUTURE MEETINGS**

To note future meetings proposed for the Health and Wellbeing OSC and Task and Finish Group.

OSC Meetings starting at 1 p.m. - 5 September 2023, 7 November 2023, 9 January 2024, 5 March 2024, 2 April 2024 and 7 May 2024.

Task and Finish Group Meetings starting at 1 p.m. – 3 October 2023, 5 December 2023 and 6 February 2024.

**IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:**

- Declare it and give details of its nature before the matter is discussed or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

<b>Name:</b>		<b>Date of meeting:</b>	
<b>Meeting:</b>			
<b>Item to which your interest relates:</b>			
<b>Nature of Interest i.e. either disclosable pecuniary interest (as defined by Table 1 of Appendix B to the Code of Conduct, Other Registerable Interest or Non-Registerable Interest (as defined by Appendix B to Code of Conduct) (please give details):</b>			
<b>Are you intending to withdraw from the meeting?</b>		Yes - <input type="checkbox"/>	No - <input type="checkbox"/>

## Registering Interests

Within 28 days of becoming a member or your re-election or re-appointment to office you must register with the Monitoring Officer the interests which fall within the categories set out in **Table 1 (Disclosable Pecuniary Interests)** which are as described in "The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012". You should also register details of your other personal interests which fall within the categories set out in **Table 2 (Other Registerable Interests)**.

**"Disclosable Pecuniary Interest"** means an interest of yourself, or of your partner if you are aware of your partner's interest, within the descriptions set out in Table 1 below.

**"Partner"** means a spouse or civil partner, or a person with whom you are living as husband or wife, or a person with whom you are living as if you are civil partners.

1. You must ensure that your register of interests is kept up-to-date and within 28 days of becoming aware of any new interest, or of any change to a registered interest, notify the Monitoring Officer.
2. A 'sensitive interest' is as an interest which, if disclosed, could lead to the councillor, or a person connected with the councillor, being subject to violence or intimidation.
3. Where you have a 'sensitive interest' you must notify the Monitoring Officer with the reasons why you believe it is a sensitive interest. If the Monitoring Officer agrees they will withhold the interest from the public register.

### Non participation in case of disclosable pecuniary interest

4. Where a matter arises at a meeting which directly relates to one of your Disclosable Pecuniary Interests as set out in **Table 1**, you must disclose the interest, not participate in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest, just that you have an interest.

Dispensation may be granted in limited circumstances, to enable you to participate and vote on a matter in which you have a disclosable pecuniary interest.

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

### Disclosure of Other Registerable Interests

6. Where a matter arises at a meeting which **directly relates** to the financial interest or wellbeing of one of your Other Registerable Interests (as set out in **Table 2**), you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.

### Disclosure of Non-Registerable Interests

7. Where a matter arises at a meeting which **directly relates** to your financial interest or well-being (and is not a Disclosable Pecuniary Interest set out in **Table 1**) or a financial interest or well-being of a relative or close associate, you must disclose the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation. If it is a 'sensitive interest', you do not have to disclose the nature of the interest.
8. Where a matter arises at a meeting which **affects** –
- a. your own financial interest or well-being;
  - b. a financial interest or well-being of a relative or close associate; or
  - c. a financial interest or wellbeing of a body included under Other Registrable Interests as set out in **Table 2** you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied
9. Where a matter (referred to in paragraph 8 above) **affects** the financial interest or well- being:
- a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
  - b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

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

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

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



## Table 1: Disclosable Pecuniary Interests

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

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

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

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

## Table 2: Other Registrable Interests

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

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

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 2 May 2023 at 1.00 p.m. at County Hall, Morpeth.

#### PRESENT

Councillor V. Jones  
(Chair, in the Chair)

#### MEMBERS

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

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Charters, H.	Associate Director of Nursing (NUTH)
Hall, L.	Deputy Director of Quality and Safety (NUTH)
Kenny, N.	Deputy Chief Operating Officer (NUTH)
Mann, C.	Group Director (CNTW)
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adult Wellbeing
Smith, V.	Quality and Assurance Lead (NUTH)
Snelson, G.	Head of Quality Assurance & Clinical Effectiveness (NUTH)
Teasdale, C.	Associate Director of Nursing (NUTH)
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

#### 76. APOLOGIES FOR ABSENCE

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

#### 77. MINUTES

**RESOLVED** that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 4 April 2023, as circulated, be confirmed as a true record and signed by the Chair.

## **78. 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.

## **79. HEALTH AND WELLBEING BOARD**

**RESOLVED** that the minutes of the Health & Wellbeing Board held on 9 March 2023 be noted.

## **80. THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST (NUTH) - QUALITY ACCOUNTS**

Representatives from NUTH gave a presentation to the Committee on the overview of priorities for 2023/2024 and the draft Quality Account for 2022/23 (a copy of the powerpoint slides and draft Quality Account have been filed with the signed minutes).

The presentation covered the following:

- An overview of priorities for 2022/23 and performance including highlighting what had been achieved within each priority:
  - Priority 1 patient safety, reducing healthcare associated infections. In addition to COVID, flu and norovirus were two of the main infections being seen. There had been two MRSA bacteraemia and two C. difficile infections reported. The 10% reduction trajectory for MSSA bacteraemia had been met. The 'Gloves Off' campaign had been successful, and a refresh of the campaign was in progress. The Trust had also invested in a number of machines to help with this priority area. Currently the ward was at 85% capacity.
  - Priority 2 patient safety, management of abnormal results. It was reported that a new mandatory field had been added to the order entry form used to request clinical investigations. This would ensure that reports would be sent to the correct lead clinician from now on.
  - Priority 3 clinical effectiveness, enhancing capability in quality improvement. The Trust had recruited ten teams each focused on a piece of improvement work. Nine of the ten teams had completed all three workshops and were continuing with their improvement initiatives.
  - Priority 4a clinical effectiveness, introduction of a formal triage process on the maternity assessment unit in order to improve the recognition of the deteriorating pregnant or recently pregnant woman. As part of the

'IHI Triage in Maternity project' there had been important on-going work to implement formal objective triage on the maternity assessment unit with success highlighted within the presentation.

- Priority 4b clinical effectiveness, modified early obstetrics warning score. A newly developed coded chart was hoped to be delivered by the end of this month which would help with identifying a pregnant or recently pregnant patient.
- Priority 5 clinical effectiveness, trust-wide day surgery initiative. This priority was providing an opportunity to increase and broaden day case surgery across the Trust to improve patient and staff experience and support the recovery of elective care whilst reducing patient days away from home.
- Priority 6 patient experience, mental health in young people. The overarching purpose of this priority was to improve the quality of care provided to young people and young adults with mental health conditions. Work in partnership with CNTW continued and there was now a project lead to review and recommend appropriate pathways for Children and Young People's Service (CYPs).
- Priority 7 patient experience, reasonable adjustments for patients with suspected, or known learning disability. This priority was helping to improve the health and wellbeing and provide a positive and safe patient experience for patients and their families by investment, improving skills and training.
- An overview of proposed priorities for 2023/24. Some of the priorities from 2022/23 would continue along with some new priority areas including patient safety and incident response framework. There would also be a focus on the transition from children to adult services.

Following on from the presentation a number of comments were made by Members, including:

- The Trust's performance against key national priorities was discussed. The data provided within the Quality Account showed that all but one of the targets were significantly less than the national target which was a concern to Members. Cancer performance targets were especially worrying. The 62 days wait for first treatment target showed that nearly half of all patients were waiting longer than the national target. The Trust confirmed there had been significant challenges over the last few years. Extra capacity had been identified to tackle the backlog to bring numbers back to pre-pandemic figures. It was confirmed this area was a priority for the Trust and was part of the COVID recovery plan.
- Frustration that the presentation had not covered the failed targets.
- It was hoped that by next year the annual performance of the Trust would have improved.
- It was queried whether the Trust produced quarterly performance reports which could then be scrutinised by the committee to ensure things were improving. It was confirmed the Trust's performance reports were published and regularly scrutinised through the ICB.

- Pre-op assessments were available via the telephone, and it was hoped that this would be an option for all patients especially those who did not have easy access to transport or lived in the more rural parts of the county.
- The need to promote and support schools with pupils needing mental health services which would help identify issues at an early stage.
- A query on where the patient experience matrix was and how did the Trust know its priorities had made a difference. In response it was reported that an example of patient experience was that the Trust had worked with one family on their journey and learnt lessons along the way. The Trust did carry out surveys and held various consultations and engagement activities across the year.
- It looked like there was no localised data about Northumberland patients, the services they accessed and what their views on services were within the papers produced. In response it was confirmed that there were different challenges faced by Northumberland patients accessing services. There was a Patient Safety Strategy and Patient Experience Team with the aim of improving experience and involvement in services. The wider geographical experience of service users was part of the Patient Safety Strategy and could be fed back to councillors.

The Chair thanked officers from NUTH for their presentation.

**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.

## **81. CUMBRIA, NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST (CNTW) - QUALITY ACCOUNTS**

C. Mann, Group Director gave a presentation on the launch of the Quality Account 2023 consultation. (A copy of the presentation has been filed with the signed minutes).

The presentation covered the following points:

- Northumberland waiting lists as of 31 March 2023 including adult ASD, adult ADHD, children and young people and all other services.
- The number of people accessing services was significantly increasing year on year particularly in ADHD and ASD diagnosis.
- A look back at the quality priorities for improvement during 2022/23 highlighting which were met, or not met.
- The Trust wanted to not only promote the good work achieved over the last year but also provide a very honest look at performance.
- The country was experiencing an unprecedented number of mental health issues affecting a huge range of individuals both locally and nationally.
- The need to continue to recruit and retain appropriability skilled staff.
- A look ahead at the quality priorities for improvement for 2023/24. The priorities had been shaped by carrying out consultation with service users,

carers, staff and stakeholders. It was hoped the quality priorities reflected the greatest pressures that the organisation was currently facing as well as what service users and carers had conveyed to CNTW through feedback in the previous year.

- The introduction and implementation of the Patient Safety Incident Response Framework (PSIRF). It was noted that CNTW were required to transition to the new framework by Autumn 2023, and in response CNTW were in the process of preparing for its implementation. The framework would ensure compassionate engagement with those affected by incidents and supports the key principles of a patient safety culture.
- To continue to learn from patient surveys, feedback and experiences.
- For 2023/24 there were five key focus areas including bringing down waiting times, reducing incidents, and challenging closed cultures.
- The draft Quality Accounts was to be circulated to members following the meeting as the document had just been forwarded to the Scrutiny Officer this afternoon.

The following comments were made:

- It was confirmed that any questions on the draft Quality Accounts could be sent to the Scrutiny Officer in the first instance.
- Northumberland had very robust services however CNTW was seeing an increase in referrals across all areas.
- A thank you for the work that CNTW did in often difficult and complex circumstances.

The Chair thanked C. Mann for her presentation.

**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.

## **82. REPORT OF THE SCRUTINY OFFICER**

### **Health and Wellbeing OSC Work Programme**

It was noted that the Committee's work programme for the 2022/23 council year had now come to an end. The draft work programme for 2023/24 would be shared with members after the annual meeting of County Council.

Councillor Hill reported that following an FOI Request to the North East Ambulance Service (NEAS) she had received localised data regarding response times for her electoral division. This confirmed that NEAS did collate this information and therefore should be able to produce the data for councillors. The Scrutiny Officer advised that he would contact NEAS again to request the information be provided at a future meeting of the Health and Wellbeing OSC.

**RESOLVED** that the comments made be noted.

**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**

## TERMS OF REFERENCE

### 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 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:

- 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

**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.

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 advise 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	<b>RESOLVED</b> that the Working Group endorse the proposal to relocate the Brockwell surgery to the NSECH hospital

			purpose-built facility at Northumbria Specialist Emergency Care Hospital (NSECH)	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:

				<p>a) note the new developments and the action being taken to mitigate against the risks to Northumberland residents.</p> <p>b) be kept informed of any further developments.</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 13 April 2023 at 10.00 a.m.

**PRESENT**

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

**BOARD MEMBERS**

Bradley, N.	Phelps, P. (Substitute)
Brown, D. (Substitute)	Reiter, G.
McFarlane-Reid, V	Sanderson, H.G.H.
Nugent, D. (Substitute)	Simpson, E.
O'Neill, G.	Syers, G.
Pattison, W.	Watson, J.

**ALSO IN ATTENDANCE**

Ferguson, D.	Deputy Cabinet Member
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**IN ATTENDANCE**

A . Bell	NENC ICB Northumberland Place
L.M. Bennett	Senior Democratic Services Officer
D. Cummins	NENC ICB Northumberland Place
K. Higgins	Employability & Inclusion Manager
P. Hunter	Senior Service Director
P. Lee	Public Health Consultant

**140. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Graeme Binning, Alistair Blair, Julie Boyack, Rachel Mitcheson, Hillary Snowdon and David Thompson.

**141. MINUTES**

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 9 March 2023, as circulated, be confirmed as a true record and signed by the Chair.

## **142. TOWARDS A COLLABORATIVE APPROACH TO REDUCING INEQUALITIES IN EMPLOYMENT OUTCOMES FOR OUR POPULATION**

To receive a report introducing the topic of 'Health and Work' and providing background information to prepare for a discussion at the Board. The discussion will focus on how organisations represented by the Board can work together to achieve better employment outcomes for those experiencing barriers to work. A copy of the presentation is filed with the signed minutes.

A presentation was given by Kevin Higgins and Pam Lee which set the context of this work and the need for Regeneration and Public Health to work together along with other partners to recognise the relationship between the health and work and reduce inequalities in the labour market. The following key points were made:-

- Post Covid, there was relatively weak employment growth, hard to fill vacancies and a shrinking labour pool. There was a noticeable trend in Economic Inactivity (people not in employment but not looking for work) and an increase in Economic Inactivity due to ill health.
- Data was showing that the labour force was shrinking which was impacting economic recovery. The workforce was also aging.
- Over 1.7 million people outside the workforce (particularly those with disabilities or caring responsibilities) wanted to work but were unable to without support.
- The economically inactive was a diverse group comprising those unable to work due to health/caring responsibilities, those who did not need to work and those who needed help to work.
- Nationally, the numbers of those inactive due to long term illness in the UK was increasing, whereas the trend was decreasing in other countries.
- Northumberland's unemployment rate was relatively low at 4.4%. However, of the economically inactive, 10,000 wanted to work. The main causes of long term sickness were mental health issues, muscular/skeletal conditions and diabetes. Graphs were shown of the trends since 2018.
- The system to improve economic opportunities was split into three areas
  - Anchor institutions – had a key role to play in their recruitment, retention and support practices and using their commissioning and social value powers.
  - Through good quality work – what employers could do through good quality work around improving accessibility and flexibility of work
  - Supporting those needing help to work – a better integration of employment support and health services was critical to ensure people had the support they needed and to meet employer demand.

The Board was invited to consider a number of questions on how to move this area of work forward. The following comments were made:-

- Vacancies could be difficult to fill. Covid had forced employers to think differently and move away from employees having to come into the office. Adaptations could be made to allow those having difficulties with

- accessibility to work at home. It was acknowledged that the nature of some posts meant that they were not suitable for flexible or home working.
- Paid employment was very important for a person's self-worth but this should also be good quality jobs with good wages.
  - Employment and health were important areas which needed to be looked at as part of the wider determinants within the Joint Health & Wellbeing Strategy (JHWS). It was important to work with the 10,000 who wanted to return to work to encourage them back. Board members all represented large organisations and it was their corporate social responsibility to look for ways to help people back into employment.
  - It was suggested that each member discussed with their organisation with a view to coming back to the May meeting with robust answers to the questions to identify what was being done and the commitment to go further. Comments should be sent to Kevin Higgins or Pam Lee.
  - Within Northumberland's Primary Care sector there were at least 40 different employers with which to discuss their corporate responsibility to make good decisions around recruitment and to best serve their communities. Was it fair or legal to recruit preferentially from somewhere where you may give the maximum benefit to the community? There would be discussions at the Primary Care Collaborative.
  - People's lives were very complex and maybe there should be discussions with people who had already been helped or not helped by interventions.
  - It was important to know whether what was being done was working, and if it was not working, so that it could be changed.
  - How could the challenge be made achievable and targeted at cohorts of health and focus efforts on the 10,000 wanting to return to work? Recruitment strategies could be worked on to change the focus of recruitment and find the interested parties. Was there a correlation between younger people who were not entering the workforce and health and did this further refine how the problem was looked at?
  - A breakdown of the figures into mental illness and physical illness would be helpful as the solution to get people back into the job market could differ between them. It was possible there was a 'benefit trap' currently, as there were plenty of applications for jobs but then few applicants actually attended the interview.
  - Northumberland County Council was committed to tackling inequalities but there was still much work to be done. A clear and simplified action list would be helpful to see what work needed to be done, what had been done to see where a difference had been made.

**RESOLVED** that

- (1) receive the contents of the report be received and the recommendations of Northumberland's Inclusive Economy Joint Strategic Needs Assessment (JSNA) noted.
- (2) Board Members discuss with their respective organisations and feedback to a future meeting of the Health & Wellbeing Board.

## 143. JOINT HEALTH AND WELLBEING STRATEGY – THEMATIC AREAS REVIEW AND NEXT STEPS

To receive a verbal update and presentation from Gill O’Neill, Executive Director of Public Health, Inequalities and Stronger Communities to update Members on the next steps in the refresh of the Joint Health and Wellbeing Strategy (JHWS). A copy of the presentation is filed with the signed minutes.

The following key points were raised:-

- Four thematic areas of the JHWS had been identified and groups set up to review each. Inequalities Plan Compact had been signed by Member.
- Membership of the Board had been reviewed and expanded to include the Fire & Rescue Service, the Police and Northumberland County Council Regeneration.
- **Best Start in Life**
  - Working on strategic governance review of the Children’s Strategic Partnership and the Health & Wellbeing and the interface
  - Family Hubs aimed to ensure that every child had the best start in life. Northumberland had trailblazer status. This was not just early years but 0 – 19 years.
  - On track to produce on set of common purpose core indicators later in the year.
- **Empowering Communities**
  - This was a complex area with many forums involved such as the VCSE Liaison forum, Thriving Together Inequalities Taskforce and NCT Partnership Board and Thriving Communities Sub Group.
- **Wider Determinants**
  - Three key areas; employment, housing and transport.
  - A new Executive Director would soon be in post and it was hoped that there would be more specific actions towards the end of the year.
- **Whole Systems Approach**
  - Integration of health and social care. The membership and terms of reference of the System Transformation Board had been refreshed. There would be consideration of the interface between the Health & Wellbeing Board and the ICB Place Board.
  - A time limited working group would be set up to ensure progress and this would be aided by the new stability with the appointment of Executive Directors in Northumberland and the ICB Place Based Strategy coming online. It would be important to avoid duplication where possible.
  - By June 2023, each thematic area should have reviewed actions in the current plan and provided an update on achievements and proposed ‘refreshed’ actions/indicators.
  - By August/September 2023 a report highlighting work done to date, proposed new actions and refreshed indicators should be produced. The aim would be to publish the refreshed JHWS by the end of the year.

**RESOLVED** that the presentation be received.

#### **144. POPULATION HEALTH MANAGEMENT**

To receive a verbal update and presentation on Population Health Management from Alan Bell and David Cummins, NENC ICB Northumberland Place. A copy of the presentation is filed with the signed minutes.

The following key issues were raised:-

- National, Regional and Local Direction involved building an infrastructure and gathering intelligence and putting the right interventions in place. NHS England had recently released 'Tackling Neighbourhood Health Inequalities' guidance and asking PCNs to establish a Health Inequalities Lead to champion and take direct action at local level. Regionally, data sharing platforms were being looked at and Northumberland was seen as an exemplar. Locally, PCNs would have further resources to deliver local projects.
- Details were provided of local projects being carried out by several PCNs
- **Wansbeck PCN** was focusing on child poverty in the Hirst, Bedlington East and Choppington Ward. A new Children's Link Worker was to be appointed. The new Family Hub was being well used and 'Wellbeing Wednesday' events were being held weekly. A well-attended Wellbeing Event had been held on 21 March 2023 to raise awareness of what was going on and of groups in the community.
- **Blyth PCN** was focusing on under 5s' A & E attendances and the reasons behind them. Rates of attendance had been found to be highest in the Cowpen and Kitty Brewster wards and were predominantly male. Most attended Cramlington NSECH with others going to Wansbeck Urgent Care Centre. A Working Group had been set up involving Public Health, Healthwatch, Family Hubs and Early Health. Invitations had been issued to parents to attend discussion groups, focusing on vulnerable groups.
- **Cramlington & Seaton Valley PCN** was focusing on patients aged 35-65 living in IMD 1 and diagnosed with depression and either CVD/COPD. Patients had been written to and invited to take part in the project including analysing smoking cessation, uptake of vaccine and pulmonary rehab. Data on their A & E emergency attendances was also being analysed. Other areas of focus were NHS health checks, alcohol and learning difficulties.
- **Well Up North PCN** was focusing on obesity and piloting a project on Wooler and Amble. Sessions were being held on food choices, exercise, barriers, calories and labels and relapse prevention. Patients were reporting improved wellbeing in one or more categories such as weight loss and reduce waist circumference.
- Health Inequality – Fishermen project – This had been a successful joint project to engagement with fisherman on the quay side at Amble Harbour. Due to working long and unsocial hours fisherman were usually unable to access healthcare easily.

The following comments were made:-

- Many of the organisations which made up the Board membership were involved in one or more of the projects mentioned in the presentation. This had provided the environment which enabled project such as these to thrive. The Board's ongoing inequalities work was allowing these projects to have a different 'lens' and taking a slightly different slant.

**RESOLVED** that the presentation be received.

## 145. CORPORATE PLAN REFRESH

Members received a verbal update and presentation from Philip Hunter, Senior Service Director, on the Corporate Plan refresh. A copy of the presentation is filed with the signed minutes.

The following key points were raised:-

- It was aimed to update the Board on how the Corporate Plan was being developed and redrafted, to give an overview on the three corporate priorities, and to raise awareness of the Corporate Plan with other organisations.
- The Corporate Plan was originally drafted in February 2022 but was now being redrafted because this was good practice and was an opportunity to reflect on and respond to the recommendations in last year's independent governance review.
- The three corporate priorities were Tackling Inequalities, Driving Growth and Jobs, and Value for Money. The slide outlined how the Corporate Plan would drive the organisation through service planning and set the context for budgeting. Tackling inequalities would be embedded across the Council.
- Outcomes and actions for each of the priorities was listed, along with impact on net zero sustainability and climate change
- **Tackling Inequalities**
  - Empowered and resilient communities
  - Children and young people have the best start in life and grow up well
  - Residents live and age well
  - The building blocks of a good life
- **Driving Economic Growth**
  - Thriving places and culture
  - A diverse and resilient economy
  - Skilled people
  - A connected county
- **Achieving Value for Money**
  - The best customer experience
  - Making the best spending decisions
  - Working better, more efficiently
  - Doing more through technology

The presentation on the Corporate Plan refresh was welcomed and it was acknowledged that it was important to align with other organisations. Newcastle Hospitals NHS Trust was refreshing its strategies currently and would welcome discussion with Northumberland as working with partners was a key part of its strategy.

**RESOLVED** that the presentation be received.

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

Members noted details of forthcoming agenda items at future meetings.

**147. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 13 April 2023, at 10.00 am in County Hall, Morpeth.

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

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

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## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday 11 May 2023 at 10.00 a.m.

#### PRESENT

Councillor P. Ezhilchelvan  
(Chair, in the Chair)

#### BOARD MEMBERS

Binning, G.	Nugent, D. (Substitute)
Blair, A.	O'Neill, G.
Bradley, N.	Pattison, W.
Charge, Z. (Substitute)	Reiter, G.
Ice-ton, A (Substitute)	Sanderson, H.G.H.
McCartney, S.	Snowdon, H.
Moulder, B. (Substitute)	Syers, G.
Murray, K (Substitute)	Wardlaw, C.

#### IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
A. Everden	Public Health Pharmacy Adviser
K. Lynch	Senior Public Health Manager

#### 148. APOLOGIES FOR ABSENCE

Apologies for absence were received from, Rachel Mitcheson, David Thompson, Claire Wheatley and Councillors G. Renner-Thompson, E. Simpson, and J.G. Watson.

#### 149. MINUTES

**RESOLVED** that the minutes of the meeting of the Health and Wellbeing Board held on 13 April 2023, as circulated, be confirmed as a true record and signed by the Chair.

#### 150. UPDATE TO PHARMACY NEEDS ASSESSMENT: CRAMLINGTON

Members received a report updating them about developments since the publication of the Pharmaceutical Needs Assessment in September 2022. The report was presented by Anne Everden, Public Health Pharmacy Adviser. (Copy attached to the signed minutes.)

Members were informed that the Health & Wellbeing Board was unable to prevent a pharmacy closure as this was a commercial decision, however, it could judge whether the closure was likely to leave a significant gap in the service. The situation regarding a proposed closure of the Lloyds Pharmacy operating in Sainsbury's supermarket in Manor Walks, Cramlington was explained along with the other pharmacy provision in the town.

The following issues were raised:-

- A great strength of local pharmacies was that medication could be reviewed along with guidance on how to use it. Online services did not allow this and could result in medication being issued which was not needed or being used.
- Much of the Primary Care Recovery Plan for general practice included wider use of pharmacies but if simultaneously there were fewer pharmacies and some that were struggling to manage demand for prescriptions to then add on the demand of consultations would add further problems. It was important to be cognisant of these issues.
- It was noted that the problem was being experienced by all Health & Wellbeing Boards and there was a need for the issue to be raised at a national level.
- Christine Wardlaw commented that the 100 hour pharmacies were going to have the option of reducing to 72 hours and it was likely that many would do this for financial reasons. It was suggested that most of the prescriptions would be requested during normal (9 to 5) working hours. There would be gaps between 6 pm-11 pm. Realistically, how many people were accessing the later services and how many were genuinely urgent? There may need to be a return to the GP surgery having a small supply of medication to see a patient through until the next morning. Pharmacy 2000 could not offer face to face services and realistically a prescription would not be supplied for at least 24 hours. There would be gaps in enhanced services outside normal hours.

Members were informed that Healthwatch had been asked to assist in gathering information about the patients using the 100 hour pharmacy when other pharmacies were closed to help determine the gap in services when the pharmacy closed. Derry Nugent, Healthwatch, presented the results to the Board (copy attached to the signed minutes) as follows:-

- Healthwatch had used its 'Enter and View' powers under the Health & Social Care Act to carry out a series of engagement activities within Lloyds in Sainsbury's in Cramlington. The process was ongoing but had already provided a very good flavour of what patients were experiencing and their aspirations for pharmacy services in Cramlington.
- The survey was focusing on the out of hours service.
- 150 patients had responded to the survey with over 70 responses being received within the first 24 hours.
- 80% had heard of the closure and 57% used it for regular prescriptions. 66% knew how to change pharmacy and 31% indicated that they would go to the Boots Pharmacy at Manor Walks. Only 5 patients would use Lloyds or other online service. 33% of weekday users stated that they went after

7 pm. 25% had not thought about what they would do following the closure.

- Regarding the impact of the closure, the biggest concern was people's access to a pharmacy outside their working hours. Many needed access outside core opening hours because it was convenient for them, but also because some had complex caring duties. Additional pressure would be placed on other pharmacies and could add to the already large queues at the Boots Pharmacy.
- It was vital that the reality of what the closure meant for patients and carers was understood.
- There was a need for an Inequalities Impact Assessment and care should be taken not to design services for people to fit into rather than services that fitted into people's lives

The following issues were raised:-

- A pharmacy dispenser machine was being successfully used by a pharmacy and allowed repeat prescriptions to be collected at any time. This allowed patients the flexibility they needed and was popular, safe and secure.
- The need for an Equalities Impact Assessment was supported as it was those who were going to be disadvantaged the most that were of the most concern. Opportunities for other ways of delivering the services may be able to be considered going forward.
- The Regional Group of Directors of Public Health were discussing with the ICB Executive about pharmacy issues and it was hoped that this would extend to a national level.
- The reduction in hours from 100 to 72 may result in some pharmacies becoming marginally more viable and may help to stem a number of closures.

**RESOLVED** that

- (1) the new developments and the action being taken to mitigate against the risks to Northumberland residents be noted.
- (2) a report be presented to the August meeting providing an update of the situation at that time.

## **151. NORTHUMBERLAND ORAL HEALTH STRATEGY 2022-2025**

To receive a report presenting the updated Northumberland Oral Health Strategy, following Board's agreement to extend it from 2022 to 2025. The report was presented by Kerry Lynch, Senior Public Health Manager. (Copy attached to the signed minutes.)

The following key issues were raised.

- Oral health was an important part of individual's overall health and wellbeing and significantly impact on many aspects of their life.

- Oral health had improved considerably in the UK but there were still pockets of inequalities in Northumberland.
- Responsibility for fluoridation now lay with the Secretary of State and Directors of Public Health were seeking clarification from the Department of Health and Social Care about the new process.
- Local dentistry commissioning had transferred to the Integrated Care Board from April 2023. Access to dental treatment in Northumberland was slightly lower than it was prior to the Covid pandemic but was higher than the national average. The County Council supported water fluoridation as a crucial measure for the health of Northumberland residents and to reduce inequalities.
- The Oral Health Strategy and Implementation Group met twice a year and was looking at the 2022-25 strategy and plan. Some elements of the previous plan would continue but there were also some new priorities and actions eg. further development planning and process for delivery of oral health packs; training for carers of adults with learning difficulties and development of an oral health NECC module.
- The plan was divided into the following themes:-
  - Improving oral health of children and young people
  - Improving oral health of older people
  - Improving oral health of vulnerable groups
  - Partnership working
  - Service development and commissioning.

The following comments were made:-

- Those most affected by poor oral health were mainly from the more deprived communities. It would be beneficial if inequalities could be woven into the strategy.
- Work was underway to strengthen pathways for Looked After Children.
- Availability of dentists was an important consideration. People's confidence in their ability to visit a dentist was lessened due to their experience of difficulty in getting an appointment.
- The community water fluoridation scheme was one of the most foundational things that could be done to close the inequalities gap as those in the most deprived communities would benefit the most. When more was known at a national level about the fluoridation consultation and the Board's part to play it would be brought back to the Board.

**RESOLVED** that

- (1) the work of the Oral Health Strategy and Implementation Group to update the strategy and devise a new action plan for the corresponding period be noted.
- (2) The updated Northumberland Oral Health Strategy and Action Plan 2022-25 be accepted.

## 152. NORTHUMBRIA POLICE PRESENTATION – OVERVIEW OF APPROACH TO PREVENTION STRATEGY, EARLY INTERVENTION AND SERIOUS VIOLENCE

Members received a presentation from Karen Murray, Chief Inspector Harm Reduction & Communities. (Copy attached to the signed minutes.)

Karen Murray, raised the following key issues:-

- Nationally the PCC Police and Crime Plan had three objectives which were all equally important
  - Fighting Crime
  - Preventing Crime
  - Improving Lives
- **Strategic Harm Reduction and Communities** – the Board's data correlated well with that of Northumbria Police in that the more deprived areas were often also those with the highest crime and antisocial behaviour. Inequalities were underpinning some of the causes of the behaviour and attitudes that were being seen.
- **Prevention Strategy** – Having fewer victims and offences could only be achieved by identifying the causes of crime and utilising partnership working. There was a national Prevention Strategy and sitting under this were regional coordination groups which met once a month to discuss what was happening in each area to try and learn from each other.
- Police officers were encouraged to look at the individuals who were suffering as a result of a crime and try to understand what made that person vulnerable and try to start problem solving at the earliest stage to be able to refer on or give advice. Also looking at the offenders to try and identify what it was in their life that was leading them to offend.
  - **Primary Prevention** – prevention through education, early intervention, designing out crime. Engagement with Health & Wellbeing Board was vital.
  - **Secondary Prevention** – Diversionary pathways to link with young people on the edge of crime. This was partly re-education and working with parents to help them build confidence and trust and give them options. Signposting enabled officers to refer people on to other services. In April across the Northumbria Police force area, 2126 people (410 in Northumberland) had been referred to other services.
  - **Tertiary Prevention** – This focused on deterrence work and identifying young people on the periphery of crime and trying to change their trajectory. There had been significant success in using this targeted approach to improve young people's life chances.
- Early intervention was key as well as using multi service support to improve outcomes for people, families and wider communities.
- Serious Violence Strategy 2021-2024 – The key principles were listed along with Northumbria Police's approach including early intervention, prevention, problem solving and partnership working. A list of activities considered as serious violence was provided.

The following comments were made:-

Ch.'s Initials.....  
Health & Wellbeing Board, 11 May 2023

- The outcome of the recent inspection of the Youth Justice Board would be shared with the Members when available. It would show the effectiveness of the Youth Justice Board's early intervention and prevention work around youth justice.
- Northumbria Police's membership of the Health & Wellbeing Board was welcomed. Northumbria Police along with the Northumberland Fire & Rescue Service had the challenge as to how to use the various data sets, joint strategic needs assessments etc to identify areas to be focused on and to focus in the right way. Also to invest the communities and people within the communities in the decisions that were made. There was certainly a commitment to do this.
- Multi agency co-operation was very important.
- Northumbria Police did have a small team which visited schools. A newsletter was sent out quarterly anything important in the interim was shared. Working together with small groups of children was proven to be effective and was targeted in the highest harm areas.
- The Northumberland Fire & Rescue Services also had a full school programme running throughout the year. There was also the Extinguish Programme which was aimed at young people who were prone to fire setting. There were Fire Cadets and Princes Trust programmes.

The Chair thanked Karen Murray for her presentation.

**RESOLVED** that the presentation be noted.

### **153. NORTHUMBERLAND INEQUALITIES ROUND TABLE**

Graham Syers welcomed the discussion during the meeting and the clear commitment to inequalities and thanked everyone involved in the production of the Inequalities Plan and the ongoing work. The purpose of the round table event was to 'Reflect, Reassess and Refresh'.

Gill O'Neill informed Members that the round table event would take place on Thursday, 13 July 2023 between 9 – 2 pm in place of a Board Meeting. Members were asked to note in their diaries. Cormac Russell would be attending and acting as a critical friend. It was now time to blend the stronger communities and asset work with some of the bigger policy work from Professor Sir Michael Marmot so there would be a strong theme around people, place and policy coming together.

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

Members noted details of forthcoming agenda items at future meetings.

**155. DATE OF NEXT MEETING**

The next meeting will be held on Thursday, 8 June 2023, at 10.00 am in County Hall, Morpeth.

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

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

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## Health and Wellbeing Overview and Scrutiny Committee

DATE: 11 JULY 2023

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### CONTINGENCY PLANS AND MANAGEMENT ARRANGEMENTS FOR COMMISSIONED ADULT SOCIAL CARE SERVICES

Report of: Councillor Wendy Pattison, Portfolio Holder for Caring for Adults

Responsible Officer: Neil Bradley, Executive Director of Adults, Ageing and Wellbeing

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#### 1. Purpose of report

- 1.1 This report describes contingency and management arrangements that Northumberland County Council would enact in the event of a social care provider ceasing to operate.

#### 2. Recommendations

- 2.1 Overview and Scrutiny Committee is recommended to receive this report for information.

#### 3. Link to Corporate Plan

#### Tackling inequalities

- 3.1 The contingency plans and management arrangements will ensure residents with a disability continue to receive the care services they are assessed as requiring.

#### 4. Key issues

- 4.1 Social care offers a vital service to people who are assessed as needing additional assistance and providers offer care and support in regulated care home settings and through regular visits to the homes of older people and others who are ill or disabled. Services are facing challenges, often linked to workforce shortages and OSC asked for a short report setting out some of the

steps officers have taken and would take in the future in the event of a provider ceasing to operate.

- 4.2 Northumberland County Council has implemented some initiatives over the past 18 months to try to resolve workforce shortages, including funding incentives to increase carer pay rates and work with providers on upskilling their management teams and improving their recruitment programmes.
- 4.3 The Council will be using additional funds from the latest Market Sustainability and Improvement Fund (MSIF) 2023/24 to help social care providers meet the challenges they face. These have been described in separate reports to Cabinet and Overview and Scrutiny Committee.

## **5. Background**

- 5.1 This report outlines the steps which could be taken to ensure the needs of service users would continue to be met if a social care provider ceased operating. It concentrates on traditional visit based domiciliary care services and older persons residential care which are judged to be the most likely services to cease operating based on current known risks and previous experiences.

## **6. Homecare**

- 6.1 Home care providers can face challenges in delivering services due to a number of factors but the recruitment and retention of staff, particularly in the more rural areas of Northumberland creates particular risks which are considered in more detail in the separate report "Update on pressures in adult homecare services" also being considered by OSC. These challenges could impact on the viability of homecare services and there have been some recent examples where providers have made the decision to cease operating due to current conditions including the challenge caused by having insufficient staff to deliver the service and provide the level of care and support that service users required.
- 6.2 This has happened with seven providers between January 2021 and April 2023 and in each case, officers have worked with the outgoing provider and other providers continuing to operate in the area to transfer the packages of care to an alternative provider. It has impacted on 69 service users across the seven providers. This has happened in all areas of Northumberland including the more rural West and North of Northumberland which have traditionally been more difficult areas to deliver homecare in due to workforce shortages.
- 6.3 The most recent example was in April 2023 when one provider made the decision to stop delivering homecare and concentrate on their other social care businesses. It resulted in officers needing to find a provider to deliver the 47 hours of homecare per week previously delivered. Officers worked with other providers in the area to support the transfer of staff and the care packages.

- 6.4 In all of the cases referred to above a business transfer has gone ahead with minimal levels of disruption. The situation was different in 2017 when officers made the decision to terminate the contract of a much larger provider in south east Northumberland which was performing poorly, not meeting the required quality standard and risking the wellbeing of service users. This impacted on approximately 330 service users and 120 care staff. The decision to terminate the contract was made after extensive efforts were made to support the provider to manage service improvements which failed to eliminate the risks in service delivery. The decision was made to transfer the service to an alternative provider which meant that those areas of service delivery where the incumbent provider was failing to deliver effectively were transferred to the new provider who inherited a large contract with insufficient trained and skilled staff and managers, and poor operational practices.
- 6.5 Northumberland County Council supported with additional officer time dedicated to the new provider but there were significant operational difficulties for a six month period that drew on considerable staff resources from care management, safeguarding and contract teams. This reinforced to officers the difficulties in such a large-scale transfer of packages and wherever possible to the benefits of supporting a poorly performing provider to make the required improvements whilst retaining its staff and service users.
- 6.6 Ideally this would be prevented from reaching that situation again and adult services has strengthened its contract team in order to identify problems earlier and support providers to rectify these whilst they are having minimal operational impact. It must be stressed that despite the difficult climate, homecare providers are performing well at the moment in terms of their Care Quality Commission (CQC) ratings with 31 of the 32 domiciliary care services registered in Northumberland rated good or outstanding.
- 6.7 If the situation was to arise again where a large homecare provider was leaving the market the preferred option would still be to transfer the package to an existing provider that is part of the council's current contract arrangements. However, moving the packages of care and staff to a new provider can result in transferring a significant operational risk to the new provider that may not be able to manage their existing work whilst managing the work that is transferred to them. The situation would need to be assessed on its merits and all risks assessed although the council is in a stronger position than in 2017 as it has employed an experienced operational manager who could be brought in to help manage the business transfer. The Council would be subject to contractual obligations regarding how it allocated those packages to replacement providers. It must offer them first to the preferred provider for the lot, .If the preferred provider does not take them (or if it is the provider that is leaving the market), then the Council must offer them to Tier 2 providers, and then (if no Tier 2 provider accepts them), on to the Tier 3 providers.
- 6.8 If the risks were deemed too high to be able to do this, an alternative option would be to bring the failing service "in house" for a period of time. Again, this

risks transferring the operational failings to the council and the potential for reputational damage to its existing highly rated services. It would however give the council the opportunity to invest resources in a turnaround team before putting the service out to tender. In this scenario operational staff and managers from the provider service would transfer to the council for a period of time and become council employees under Transfer of Undertakings (Protection of Employment) regulations (TUPE). The council has recent experience of a large-scale TUPE transfer having gone through an exercise in 2021 where social care staff employed by Northumbria Healthcare were transferred back to Northumberland County Council.

- 6.9 The transfer of a service “in house” would also create a financial risk to the council whose employment terms and conditions (including salary and pension scheme membership) are likely to be better than most independent sector services. Staff transferring under TUPE keep their current terms and conditions and there is no requirement to put them on to NCC terms and conditions. It would be advisable not to move staff onto NCC terms, particularly if they are only with NCC for a short period of time, however, if staff stay with NCC for any length of time, matching the salary levels will assist with retention of staff. The bigger issue is that the transferring staff will have the option to join the LGPS and any rights that they acquire whilst with NCC will remain with them when they transfer on to a new provider. This may make the service less attractive if it was later offered via a competitive tender to a new provider would be required to employ staff on the same terms and contribute to the LGPS. In this situation, the council may consider underwriting these additional costs to providers.
- 6.10 In summary the preferred contingency plan for managing the situation where a home care provider leaves the market is to transfer service users and staff to an alternative provider who could incorporate the service into their business. This has been enacted successfully on seven occasions over the last two years although does become more difficult as the size of the service, number of staff and service users increases, and would require more input from adult services officers. If the risks of transferring a service from one external provider to another were considered too high then the council could bring a service in house, although for the reasons outlined above this is not the preferred option. There are 50 homecare operators on the council’s contract and officers are confident that they will be able to identify taking on another providers business if required.

## **7. Older persons care homes**

- 7.1 NCC has experience in managing the closure of older persons care homes and in the last four years, three homes have closed necessitating a need to move residents to an alternative service. All have closed as the result of a “business decision” although there can be a number of interconnected factors that impact on this including the personal circumstances of the owners and quality concerns.

- 7.2 The approach taken by officers is to try to resolve problems, ensure where possible that homes can remain operational and avoid the need for people to move to an alternative home. Where homes are at risk of closure because of quality concerns it is likely that council officers will have been aware of the circumstances for some time through quality monitoring, safeguarding concerns being raised, or the findings from a CQC inspection. If a home is performing particularly poorly in terms of quality ratings, CQC may issue regulatory action including a proposal to remove the registration (which would prevent a service from delivering social care), although in all cases where these have been issued so far, the council has worked with the provider to ensure quality improvements are made and the proposal to end the registration is removed. There is currently one older person's care home in Northumberland with a proposal to remove the registration although it is making quality improvements and officers expect the home to resolve the regulators concerns.
- 7.3 In the case of two homes that were previously nursing homes, the owners have made the decision to de register the nursing element of the service and register it solely as a residential care service which has required a small number of people to move to an alternative nursing home which the council's teams have facilitated. This type of situation may become more prevalent due to the national shortage of nurses which can generate operational difficulties for providers to continue to deliver nursing services.
- 7.4 In all of the situations where there have been home closures, council officers have been able to find alternative places for residents who are required to move. As at 24 May 2023 there were 236 vacancies in older persons care homes as shown in the table below. Of these, 130 vacancies are in nursing homes, and it is expected that any residents displaced by the closure of a home could be accommodated in an existing bed.

<b>Locality</b>	<b>Number of care home beds</b>
South	66
Central	53
West	43
North	74
<b>Total</b>	<b>236</b>

## **8. Conclusion**

8.1 Throughout the United Kingdom there are operational difficulties in the social care sector which have led to some operators deciding to cease trading. Overall, the situations have been managed by Council officers who have helped to transfer service users to an alternative provider. If a large provider ceased operating, it is expected that the transfer would be more complex and necessitate additional officer capacity and the potential transfer of a service “in house” to manage the immediate risks.

**Implications**

<b>Policy</b>	The Market Sustainability and Improvement Fund (MSIF) consists of funding which was originally announced as support for the Government’s charging reform policy; its revised purpose is a more basic one of ensuring that care services are sustainably funded and have sufficient capacity to meet assess needs.
<b>Finance and value for money</b>	All commitments described in this report can be met within the Council’s allocation of MSIF funding for 2023/24. Provider failure may bring additional costs which would need to be identified and approved as required. If an independent provider service was temporarily brought “in house” the financial implications would be more significant with staff potentially inheriting council terms and conditions.
<b>Legal</b>	<p>Transfer of Undertakings (Protection of Employment) regulations (TUPE) would need to be adhered to in the event of any service being brought “in house”.</p> <p>This report indicates the contractual arrangements if a provider leaves the market and the affected packages are to be reallocated to other providers. The Council must offer them first to the preferred provider for the lot, .If the preferred provider does not take them (or if it is the provider that is leaving the market), then the Council must offer them to Tier 2 providers, and then (if no Tier 2 provider accepts them), on to the Tier 3 providers.</p>

	There is a general obligation in clause 75.1 of the individual placement terms and conditions which requires the outgoing provider to work cooperatively with the Council and a replacement provider for the smooth handover of packages. This would bind for example an administrator or liquidator if the outgoing provider has insolvency issues.
<b>Procurement</b>	The proposals in this report (e.g., transfer of staff or service users) would be implemented through the Council's existing contract for home care.
<b>Human Resources</b>	Some staffing capacity may be required to be allocated to a provider facing sustainability issues.
<b>Property</b>	No implications have been identified
<b>Equalities</b> (Impact Assessment attached) N/A	The proposals are designed to maintain the capacity of care services to meet the assessed needs of people with a disability or illness. They are expected to have positive consequences for disabled people.
<b>Risk Assessment</b>	A full risk assessment is not required.
<b>Crime &amp; Disorder</b>	No implications have been identified
<b>Customer Considerations</b>	Current capacity issues in home care are leading to a situation in which a substantial number of people with care and support needs, and their families, partners or other carers, are having to put up with unsatisfactory support arrangements which they would not have chosen.
<b>Carbon reduction</b>	No implications have been identified
<b>Health and wellbeing</b>	Ensuring that care services have sufficient capacity to meet needs is important both for the health and well-being of service users and the efficient use of hospitals.
<b>Wards</b>	All

**Background papers:**

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

**Report sign off.**

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

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# Northumberland

## County Council

### Health and Wellbeing Overview and Scrutiny Committee

DATE: 11 JULY 2023

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#### Update on pressures in adult homecare services

Report of: Councillor Wendy Pattison, Portfolio Holder for Caring for Adults

Responsible Officer: Neil Bradley, Executive Director of Adults, Ageing and Wellbeing

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#### Purpose of report

1. This report describes the current difficulties facing adult homecare services in Northumberland, steps that have been taken to resolve these difficulties and the plans in place that aim to resolve workforce shortages in that sector.

#### Recommendations

2. Overview and Scrutiny Committee is recommended to: -
  - 2.1 Receive this report for information on the current issues with homecare in Northumberland and,
  - 2.2 Note the initiatives proposed to try to resolve workforce shortages.

#### Link to Corporate Plan

#### Tackling inequalities

3. The use of the Market Sustainability and Improvement Fund aims to address current issues which prevent the Council from arranging care and support needed by disabled people in a timely way. They will also increase the incomes and status of care workers who are currently low paid.

#### Encouraging growth

4. Grant expenditure will be on locally-based services whose workers are likely to live in Northumberland.

#### Best Value

5. The proposed approach is designed to ensure that maximum benefits for people in need of care and support are achieved from the grant funding.

### **Key issues**

6. Home care offers a vital service to people who are assessed as needing additional assistance to remain independent. Providers offer care and support through regular visits to the homes of older people and others who are ill or disabled. Whilst the tasks can vary depending on need, they typically include assistance with dressing/undressing, personal hygiene, provision of meals and mobility around the home. At the time of writing this report in May 2023, there were 2,074 people funded by the NHS and adult social care receiving almost 30,000 hours of homecare per week in Northumberland through the Council's main contract arrangements.
7. There have been difficulties in arranging homecare services for a significant number of people due to workforce shortages and since the summer of 2021 there has typically been around 200 –220 people that the council has assessed as requiring homecare whom we have not been able to source homecare. This number went as high as 270 at one point in 2022.
8. Workforce shortages in social care are a national problem and our neighbouring local authorities are facing similar difficulties.
9. The problem appears to be worse in more rural areas generally, including the most rural parts of Northumberland.
10. Northumberland County Council has implemented some initiatives over the past 18 months to try to resolve workforce shortages, including funding incentives to increase carer pay rates and work with providers on upskilling their management teams and improving their recruitment programmes. Whilst this support appears to have arrested the growth in the shortfalls of available care, it has not increased the workforce enough to enable our social care providers to pick up significantly more homecare packages.
11. The council will be using additional funds from the latest Market Sustainability and Improvement Fund 2023/24 to attempt to make it more attractive to work in homecare and increase the size of the workforce.

### **Background**

- 12.1 Like most local authorities, Northumberland County Council outsources its home care provision for adults to independent sector providers. The home care contract arrangements in Northumberland have divided the county into 10 geographical areas. Each area has one organisation identified as the "Tier 1" provider which is given the first option to pick up new work in the area. Below Tier 1 there are two further tiers of providers that are given the opportunity to pick up work not collected by the Tier 1 provider. The current contract arrangements have been in place since April 2019 and there are more than fifty providers listed on the Council's dynamic purchasing system. Those providers are all different shapes and sizes ranging from the largest which employs 370 staff to some small organisations that operate with a

handful of care staff. This list is subject to some change as providers enter and leave the homecare market in Northumberland.

- 12.2 Home care service providers in Northumberland have experienced difficulties in meeting demand for services due to the lack of available staff. This problem has persisted since the summer of 2021 and officers can link the start of the issue to the reopening of businesses following the Covid-19 pandemic. Since that point the numbers of home care packages that providers could not immediately pick up built up quite quickly. This rose over a few months to around 200 people for whom the council cannot arrange all or some of the home care package that residents have been assessed as needing. The number did get as high as around 270 at one point in 2022 but has generally stayed between about 200-220 packages over the period.
- 12.3 The packages are predominantly for older people who need care as that is the highest volume of work that is picked up by home care services. All those who are waiting for care have temporary arrangements in place. Some are being supported temporarily by staff from the council's Short-Term Support Service which is a more expensive specialist service whose normal function is to work intensively with people to reduce their need for long-term care. Others have chosen to live at home without the support they have been assessed as needing (often with short time higher levels of family support) or move temporarily into a care home which often provides a higher level of care than they require, whilst others have remained in hospital longer than required. Council officers make checks on the welfare of the people on the list to ensure they are safe and to establish whether they still require the identified level of homecare.
- 12.4 Even when the homecare system is operating well there are likely to be some people for whom care cannot be arranged without a short delay, because of a temporary mismatch between needs and available care workers in the local area where they live, or because their needs are particularly complex or specialist. However, this current situation is unprecedented. Historically it would have been seen as seriously concerning if there were as many as fifty care packages outstanding at any one time, and that would have been seen as a reason to take urgent steps to improve the capacity of services in the areas where delays were greatest. But the current difficulties are not unique to Northumberland and similar issues appear to be being experienced by most local authorities in England at present.
- 12.5 There have been a number of initiatives introduced to improve the situation and increase the workforce in homecare services. In November 2021 the government recognised the high level of pressure on staffing in social care services and introduced a Workforce Recruitment and Retention Grant which was used in Northumberland to pay a bonus to homecare staff who remained in employment throughout the winter. The local NHS and Northumberland County Council has also used grant and health funding at different points to bring forward pay awards for frontline homecare workers. Neither of these measures brought significant numbers of new recruits to the care workforce although some providers have reported that the initiatives did help to retain existing staff.
- 12.6 The most significant of the council's initiatives was the offer of increased fees to those social care providers (across all service types, not only home care) who signed up to the council's wage support scheme which was set at the rate of the Real Living Wage. This is a higher rate of pay than the National Living Wage, which was previously used as the basis for fee uplifts in Northumberland. This initiative

was approved by the council's Cabinet in January 2022 and implemented from April 2022. It was well received by social care providers, however, through unfortunate timing it appears that the intended financial impact for social care staff was offset by the impact of the cost-of-living increases that have hit the economy over the past year. This measure has not generated a significant increase in the homecare workforce, although as with the other initiatives, it is generally felt that it has assisted in stabilising a deteriorating position.

- 12.7 A variety of other kinds of support have been offered to providers in addition to funding for wage increases. These have included building links with job centres, publicity through recruitment campaigns, use of the council's social media to advertise vacancies, job fairs, and direct advertising through the council's social media platforms. Officers in Adult Social Care have delivered training courses to develop skills and resilience amongst managers in homecare services in order to improve retention rates. There has also been training aimed at trying to help providers develop their culture through their own recruitment programmes to attract the strongest candidates for roles. Officers have also been working with providers to promote "refer a friend" schemes/initiatives which have been found to be successful in some other parts of the Country. At a regional level the Association of Directors of Adult Social Services (ADASS) have been active in supporting local authorities in the above initiatives as well as through a working group focused on workforce. They have increased officer time dedicated to workforce initiatives as well as offering specialist support on specialist areas like overseas recruitment.
- 12.8 While the greatest capacity problems have consistently been in home care, some other social care services have also started to report difficulties with recruitment and retention, including older persons care homes and specialist learning disability and mental health services. However, these difficulties have had less impact on our capacity to arrange support for people.
- 12.9 Despite the initiatives described above the difficulties in securing homecare packages have continued into 2023 with limited change in the workforce situation and the list of outstanding care packages remaining at around 200. There have been some reductions in April and May of this year with the number reducing to 170 at one point, but it is too early to say whether this may be the start of a sustained improvement in recruitment and retention of care workers. There continue to be reports of staff shortages across all types of social care services nationally although homecare has historically been a more difficult service to recruit to. The workers are community based and often work on their own without supervision and support on hand. The equivalent role in a care home is not required to travel during the working day, and care home staff will have peer and management support on hand to help them deal with the difficulties that can arise when delivering social care. As one of the council's contracted care providers has pointed out, domiciliary care is unusual in being a job in which low-paid workers are commonly expected provide themselves the vehicle which they need to undertake the job.
- 12.10 At the start of April 2021, the number of care workers reported by the home care services based in Northumberland which accept referrals from the Council was 1553. By 1 October, the reported number had fallen to 1393 and by 31 March 2022 the figure was 1377. Most of this fall took place after Covid "Freedom Day" in July 2021 but it is concerning that the trend has continued despite additional support and incentives being in place to assist with recruitment and retention throughout the

period from November 2021. The comparable figure at 31 March 2023 is 1317, though comparisons may be slightly distorted by the arrival of some new home care providers whose registered bases are outside Northumberland and not included in the figures.

### **13. Homecare supply and demand**

13.1 In addition to examining recruitment and retention issues, officers have reviewed demand for services and it is apparent that the high number of packages that cannot be picked up is not the result of an increase in demand for services that providers have been unable to meet. The average number of people referred for homecare packages per month since December 2020 is 398 and the average number of people whose packages were picked up by providers is 260 per month for the same period. From September 2021 the number of referrals picked up per month is 227 out of an average of 336 referrals illustrating there has not been a significant increase in demand.

13.2 The table below shows the number of hours of homecare delivered as at 1 April for the last 5 years. This shows a decline in the number of hours of homecare being delivered since a peak in April 2021 when providers were delivering over 3,000 more hours per week than they are currently able to. In April 2021, whilst delivering 3,000 more hours than providers are currently, there were only twenty-four packages on the list of outstanding packages. One of the unexpected short-term impacts of the Covid pandemic was that some people laid off from work in hospitality and tourism moved into care work – but as pandemic restrictions ended, many moved back into their previous areas of work.

13.3 Number of homecare hours delivered per week by providers on the council's main contract:

	Weekly hours delivered
1 April 2019	28,775
1 April 2020	28,937
1 April 2021	33,194
1 April 2022	29,061
1 April 2023	29,919

13.4 The number of packages picked up for the first three months of 2023 were higher than the average for the whole of the previous calendar year and one reason for this appears to be the arrival of three new providers that specialise in recruiting workers from abroad and bringing them to the UK under sponsorship arrangements.

### **14. Market Sustainability and Improvement Fund**

14.1 Northumberland County Council has been allocated £3.56m of grant for Market Sustainability and Improvement in 2023/24 with a further £5.35m for 2024/25. The main purpose of the grant is to enable local authorities to make tangible improvements to adult social care, in particular to increase social care capacity. The

council's Cabinet agreed on 9 May to proposals to spend £2m on new support for domiciliary care providers, in addition to using the grant to continue a scheme introduced last year to fund increased mileage expenses for home care workers. Of the new £2m, £1.5m is allocated to support an immediate increase in the minimum sum paid to home care workers, over and above the increase previously agreed, to a level of £12.00 per hour. This will be introduced from 1 July 2023, establishing a differential above the "Real Living Wage" rate (currently £10.90) that is available to care workers in all services in Northumberland whose providers have signed up to the Council's Wage Support Scheme. A further £500K is provisionally allocated to fund the introduction of a "Northumberland Home Care Worker Guarantee" to be implemented from 1 October 2023, details of which will be developed in consultation with home care providers. In a full year these two schemes are projected to cost an additional £3m.

- 14.2 The revised rate of £12.00 per hour would establish a differential compared to the statutory National Living Wage of over £1.50 per hour. A differential on that scale was being paid between December and March this year, supported through grant funding from the Adult Social Care Discharge Fund, and we have been told that during that period there was perceived to be a significant increase in the number of people applying to work in home care, which reduced from 1 April when the differential returned to a lower level (currently the Real Living Wage rate is 48p per hour above the National Living Wage).
- 14.3 The Northumberland Home Care Worker Guarantee will introduce a set of standards for employers of home care workers within Northumberland and will be developed in consultation with home care providers, with the aim of implementing it from 1 October. The expectation would be that this would include some commitments, for instance about greater stability of income and possibly pay increases for staff continuing in the role for more than a specified period, which would give rise to additional costs for providers. It is proposed to allocate a provisional sum of £500K in the current year (£1.0m in a full year) to meet these additional costs. Assurance arrangements would be introduced at the same time, and there would be a publicity campaign to bring the new standards to the attention of existing and potential future care workers.

## **15. Future work on recruitment and retention**

- 15.1 Officers are currently considering other options to improve recruitment and retention through other initiatives including overseas recruitment. There are some care providers in Northumberland that have already begun to source care staff from overseas which is showing some early signs of a positive impact. There are three home care operators that have joined the councils contract arrangements that are sourcing their staff from abroad and there are some early indications that these providers have been able to pick up significant numbers of homecare packages although further analysis is required to see if this can be sustained over a longer period of time. Additional work will be carried out to ensure compliance with Home Office conditions on salaries and number of hours worked, as well as ensuring quality standards are maintained in service delivery. Some care home operators are also recruiting staff from abroad and in the North East region ADASS has funding to

support overseas recruitment initiatives and help councils ensure the best use is made of this opportunity.

- 15.2 Another initiative that officers are considering is the potential development of a Care Academy which have been set up by seven of the region's twelve local authorities. The established academies vary in size and remit and focus on many of the initiatives that Northumberland County Council are undertaking but have a dedicated staffing resource that enables them to deliver initiatives on a bigger scale, as well as providing a route to marketing employment in the care sector. Officers have been monitoring the impact of existing care academies before deciding whether to recommend that resources be committed to this and are drawing up options for developing one in Northumberland which includes the possibility of doing this jointly with the NHS. The development of a care academy in Northumberland could also help to support the investment and planned improvements to working in the home care sector that will be made through the Market Sustainability and Improvement Fund.
- 15.3 Some local authorities have developed "care academies" which are essentially staff teams working wholly on social care recruitment and retention initiatives and Northumberland is considering the merits of this approach and the resources it would require.

## 16. **Summary**

- 16.1 It can be seen from the information above that Northumberland and Councils generally remain in a really difficult position in relation to recruitment into the adult home care sector. At this point, there are limited signs of improvement despite a number of initiatives, both financial and non-financial, to support the sector. The situation is proportionately worse in the rural areas and this is due to the fact that there are generally fewer people of a working age to recruit from, as well as increased travel costs for workers.
- 16.2 In terms of further action, aside from what has been described above within this briefing, officers are constantly sharing information and ideas with other Local Authorities and considering all options. There is a need to give the latest initiatives, particularly those linked to the immediate decisions around the use of the Market Sustainability and Improvement Fund, more time to see if they can have an impact.

## **Implications**

<b>Policy</b>	The Market Sustainability and Improvement Fund (MSIF) consists of funding which was originally announced as support for the Government's charging reform policy; its revised purpose is a more basic one of ensuring that care services are sustainably funded and have sufficient capacity to meet assess needs.
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<b>Finance and value for money</b>	All commitments described in this report can be met within the Council's allocation of MSIF funding for 2023/24, and their full year effects can be met within any likely allocation of the grant for 2024/25, with a comfortable margin. The assumption has been made that equivalent funding will continue to be available in subsequent years.
<b>Legal</b>	The council's contracts with homecare agencies will be varied to reflect the initiatives introduced by the Market Sustainability and Improvement Fund.  The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 confirm that the matters within this report are not functions reserved to Full Council.
<b>Procurement</b>	The proposals in this report would be implemented through variations to the Council's existing contracts for home care.
<b>Human Resources</b>	Some additional staffing capacity may be required to implement the proposed assurance arrangements for the treatment of home care workers and if adult services develop a care academy.
<b>Property</b>	No implications have been identified
<b>Equalities</b> (Impact Assessment attached) Yes No N/A	The proposals are designed to increase the capacity of care services to meet the assessed needs of people with a disability or illness. They are expected to have positive consequences for disabled people; other impacts linked to protected characteristics are more difficult to assess, though we know that the home care workforce is disproportionately female. A full impact assessment would not be expected to identify significant further issues.
<b>Risk Assessment</b>	A full risk assessment is not required.
<b>Crime &amp; Disorder</b>	No implications have been identified
<b>Customer Considerations</b>	Current capacity issues in home care are leading to a situation in which a substantial number of people with care and support needs, and their families, partners or other carers, are having to put up with unsatisfactory support arrangements which they would not have chosen.
<b>Carbon reduction</b>	No implications have been identified



<b>Health and wellbeing</b>	Ensuring that care services have sufficient capacity to meet needs is important both for the health and well-being of service users and the efficient use of hospitals.
<b>Wards</b>	All

**Background papers:**

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

**Report sign off.**

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

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# Agenda Item 8

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

DECISION	CABINET DATE/DECISION
Cabinet Papers – 9 May	<a href="https://northumberland.moderngov.co.uk/ieListDocuments.aspx?Cid=140&amp;Mid=2016">https://northumberland.moderngov.co.uk/ieListDocuments.aspx?Cid=140&amp;Mid=2016</a>
Corporate Plan	<p>9 May 2023:</p> <p><b>RESOLVED</b> that Cabinet:</p> <ol style="list-style-type: none"> <li>(1) recommend to Full Council the new Corporate Plan 2023-26 for adoption at its meeting of 17th May.</li> <li>(2) note the proposal to Full Council to receive and consider an annual Corporate Plan Achievements Report at Full Council in March each year.</li> <li>(3) note the proposal to Full Council to receive and consider an annual Corporate Plan Performance Report at Full Council at the conclusion of Quarter four of the performance cycle.</li> </ol>
North East Bus Service Improvement Plan	<p>9 May 2023:</p> <p><b>RESOLVED</b> that Cabinet:</p> <ol style="list-style-type: none"> <li>(1) note the decision of the North East Combined Authority and the North of Tyne Combined Authority, acting together through the <b>North East</b> Joint Transport Committee to make an Enhanced Bus Partnership for the region;</li> <li>(2) delegate authority to the Executive Director for Regeneration, in consultation with the Executive Director of Finance (Section 151 officer), to accept the funding for bus service improvements, once confirmed, from Transport North East; and</li> <li>(3) authorise the creation of a Northumberland Local Bus Board as set out in Appendix 2.</li> </ol>
Financial Performance 2022-23 – Position at the end of February 2023 (Provisional Outturn 2022-23)	<p>9 May 2023:</p> <p>To be considered by the Corporate Services and Economic Growth OSC on 26 June 2023.</p>
Outcomes of the Consultation on Proposals for the Berwick Partnership	<p>9 May 2023:</p> <p>To see the full decision follow this link:</p>

	<a href="https://northumberland.moderngov.co.uk/mgAi.aspx?ID=7550">https://northumberland.moderngov.co.uk/mgAi.aspx?ID=7550</a>
<b>Public Report from the Local Government and Social Care Ombudsman (LGSCO)</b>	<p><b>9 May 2023:</b></p> <p>To see the full decision follow this link:</p> <p><a href="https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2016">https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2016</a></p>
<b>Energising Blyth Programme: Culture Hub and Market Place Outline Business Case</b>	<p><b>9 May 2023:</b></p> <p><b>RESOLVED</b> that Cabinet</p> <ol style="list-style-type: none"> <li>(1) approve the Outline Business Case (OBC) summarised in this report for the Culture Hub and Market Place project to enable progression to Full Business Case</li> <li>(2) approve a total revised budget in the Capital Programme of £14,705,732. There is a current budget in the Capital Programme of £12,536,685 this report requests approval of £2,169,047 drawn from existing Council funds allocated to the Energising Blyth Programme. The project was funded by HM government Future High Streets Fund and the Council as set out in Financial Tables 3-5</li> <li>(3) note that Jam Jar Cinema Community Interest Company (CIC) will be formally appointed as the main operator of the Culture Hub and that an operator for the Creative Play concession within the facility will be appointed in due course subject to Cabinet approval of the recommendations in this report</li> <li>(4) delegate authority, in accordance with the Energising Blyth Local Assurance Framework, to the Council's s151 Officer following consideration by the Energising Blyth Programme Board to approve the Full Business Case and report any subsequent capital implications to Cabinet (via the Capital Strategy Group) for inclusion in the Capital Programme</li> <li>(5) 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> </ol>
<b>The Future of the Berwick Museum and Art Collections</b>	<p><b>9 May 2023:</b></p> <p><b>RESOLVED</b> that Cabinet approve the retention of the Berwick Museum and art collections as part of The Living Barracks initiative, subject to further discussions with relevant partners on the issues set out at paragraph 47 of the report.</p>
<b>The Market Sustainability and Improvement Fund</b>	<p><b>9 May 2023:</b></p>

<p><b>2023/24</b></p>	<p><b>RESOLVED</b> that Cabinet:</p> <ol style="list-style-type: none"> <li>(1) approve the proposed uses of the Market Sustainability and Improvement Fund (MSIF) in 2023/24 set out in this report, and the resulting commitments in subsequent years, which it is anticipated can be funded through the increased MSIF grant in 2024/25 and will be covered in later years either by continuation of this grant or by consolidation of the funding into the general local government financial settlement;</li> <li>(2) authorise the Executive Director – Adults, Ageing and Well-Being, in consultation with the Portfolio Holder for Adult Well-being, to make detailed decisions about the allocation of this grant, within the broad framework set out in this report, taking account of further consultations with care providers and any other relevant information which becomes available.</li> </ol>
<p><b>Cabinet Papers – 13 June</b></p>	<p><a href="https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2247">https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&amp;MId=2247</a></p>
<p><b>Ashington Regeneration Programme Establishment – Strategic Sites Acquisition</b></p> <p>To update Cabinet regarding the establishment, development and delivery of the £30m Ashington Regeneration Programme, which will have a catalytic impact on the town’s economy and drive forward the implementation of the Ashington Town Investment Plan.</p> <p>W. Ploszaj/J. Rose - 07500 097568/ K. Donaldson -07966 324034</p>	<p>13 June 2023:</p> <p><b>RESOLVED</b> that:</p> <ol style="list-style-type: none"> <li>(a) Cabinet endorse the Ashington Investment Plan as the overarching strategy that will provide the context, vision and aspirations for delivery of the phased Ashington Regeneration Programme; and</li> <li>(b) Cabinet agree the establishment of the Ashington Regeneration Programme with two initial phases associated with the Ashington High Street Innovation Programme (HSIP) and Town Centre Renewal of Strategic Sites Programme;</li> <li>(c) Cabinet approve the associated financial profiles as set out in Appendix 1 whilst: <ul style="list-style-type: none"> <li>• endorsing the bid submitted to extend the HSIP Programme with a funding ask of £576,898 and acceptance of this additional funding into the Medium Term Financial Plan, if successful</li> <li>• approving an initial allocation of £1,000,000 in the Medium Term Financial Plan to be fully funded by the Government to develop plans for Wansbeck Square Strategic Site</li> <li>• approving an initial grant allocation of £600,000 in the Medium Term Financial Plan to be fully funded by the Government to develop plans for Portland Park Strategic Site</li> <li>• authorising the Executive Director for Place and Regeneration to enter into contracts up to the value of £1.6m for the development of the strategic sites and delivery of public realm capital works, subject to confirmation of associated funding being in place and the</li> </ul> </li> </ol>

	<p>appropriate procurement processes being followed;</p> <p>(d) authority be delegated to the Executive Director for Place and Regeneration, in consultation with the s151 Officer, to purchase the Woodhorn Road site, at a value up to a maximum of £210,000 from funding already allocated in the Medium Term Financial Plan;</p> <p>(e) Cabinet approve the acquisition of the Wansbeck Square site, and delegate authority to the Executive Director for Place and Regeneration, in consultation with the S151 Officer, to acquire the Wansbeck Square site at a value up to a maximum of £1,365,000 with funding from the Strategic Regeneration Projects budget within the Capital Programme; and</p> <p>(f) Cabinet agree the associated programme management and assurance arrangements to support the programme's delivery as set out in the report.</p>
<p><b>Enhanced Pothole Repair Pilot</b></p> <p>Improving the condition of the highway network is a key corporate priority for the Council. This report outlines the current arrangements associated with fixing individual potholes and sets out the basis for a 3-month pilot scheme to trial the use of a different maintenance approach using a 'first-time' patch repair in two areas of the county for a proportion of actionable carriageway pothole defects, in order to quantify the costs and benefits associated with this alternative approach to one of the main revenue funded highway maintenance activities undertaken by the Council.</p> <p>J. Riddle/P. Jones - 0771 771 4523</p>	<p>13 June 2023:</p> <p><b>RESOLVED</b> that:</p> <p>(a) Cabinet approve the commencement of a 3-month 'invest to save' trial of first time patch repair of a proportion of actionable carriageway pothole defects in the North and Tynedale Local Area Committee areas of the County, and</p> <p>(b) Cabinet approve the allocation of £492,600 in revenue funds from the severe weather reserve to fund the pilot scheme.</p>
<p><b>Potential Loan to Northumberland Community Bank</b></p> <p>The Report requests members to approve the potential loan facility to Northumberland Community Bank of up to £50,000 towards its capital</p>	<p>13 June 2023:</p> <p><b>RESOLVED</b> that Cabinet approve a loan facility of £50,000 to Northumberland Community Bank subject to the following:</p> <ul style="list-style-type: none"> <li>• NCB agreeing to the proposed terms and conditions;</li> <li>• NCC's Legal Team completing a legal agreement with NCB in advance of any loan drawdown by NCB, containing the terms and conditions set out within this report; and</li> </ul>

<p>reserve to maintain its Capital:Asset ratio in line with FCA Regulations.</p> <p>R. Wearmouth/J. Willis - 01670 623424</p>	<ul style="list-style-type: none"> <li>• Subsidy Control implications being investigated and satisfied.</li> </ul>
<p><b>UK Shared Prosperity Fund (UKSPF) Update and Northumberland Delivery</b></p> <p>To provide an update on the UK Shared Prosperity Fund (UKSPF) programme and the UKSPF funded projects secured by Northumberland County Council to support levelling-up activity across the County.</p> <p>W. Ploszaj/S. McMillan – 07814298052</p>	<p>13 June 2023:</p> <p><b>RESOLVED</b> that</p> <ul style="list-style-type: none"> <li>(a) Cabinet endorse the progress and content of the UKSPF Investment and Delivery Plans for the North of Tyne Area;</li> <li>(b) Cabinet welcome and endorse the Northumberland County Council-led UKSPF funded projects, described in this report and summarised in table 1, which secures over £7.085m to deliver a range of levelling-up activities and support for Northumberland’s businesses and residents over 2022 – 2025; and</li> <li>(c) Cabinet endorse the Inclusive Economy Community Partnership project, which, working with the Voluntary and Community Sector (VCS), will build capacity and deliver activities in support of the inclusive economy, focused in our most deprived communities and, if successful, accept £0.4m capital and 1.15m revenue funding into the Medium-Term Financial Plan.</li> </ul>

## FORTHCOMING CABINET DECISIONS

<p><b>Asset Management Framework</b> The report presents for information and approval the new Asset Management Framework which includes a new Asset Management Policy and Asset Management Strategy for 2023/2026.</p> <p>R. Wearmouth/S. Neilson - 01670 620292</p>	11 July 2023
<p><b>District Heating Update and Partnership Procurement</b> The report provides an update on the progress made regarding the District Heating studies completed across eight towns in the county, namely: Alnwick, Ashington, Berwick, Blyth, Cramlington, Hexham, Morpeth and Prudhoe. It also summarises the feedback received on proposed options for delivery models for the schemes, identifies the preferred model for delivery and seeks approval from Cabinet to proceed with the next phase of activity, which involves a series of procurement exercises to firstly secure specialist legal and commercial advisors and then to progress the procurement of a Heat Provider.</p> <p>Leader/P. Jones -0771 771 4523</p>	11 July 2023
<p><b>Energising Blyth: Levelling Up Deep Dive</b> This report seeks Cabinet’s formal agreement to accept the Levelling Up Deep Dive funding award from UK Government to support the delivery of new projects as part of the Energising Blyth programme.</p> <p>W. Ploszaj/R. Strettle – 07770642773</p>	11 July 2023
<p><b>Environmental Enforcement Fixed Penalty Notice &amp; Penalty Notice Policy 2023</b> To consider, agree and adopt the reviewed and updated FPN policy including new offences and new fine levels for existing offences.</p> <p>G. Stewart/J. Robertson 07833237082</p>	11 July 2023
<p><b>Financial Performance 2022-23 – Final Outturn (subject to audit)</b> The report will provide Cabinet with the revenue and capital final outturn position against budget for 2022-23 (subject to audit).</p> <p>R. Wearmouth/ K. Harvey 01670 624783</p>	11 July 2023
<p><b>Integrated Drug and Alcohol Service Contract</b> To seek permission from Cabinet to award the contract of Integrated Drug and Alcohol Service in Northumberland. This service will be commissioned using the public health ring fenced grant. The grant conditions state that Local Authorities must provide drug and alcohol services for its population. The contract is for four years</p> <p>W. Pattison/J. Liddell - 07929 775559</p>	11 July 2023
<p><b>Northumberland Stewardship and Rural Growth Investment Programme – Nature Recovery Response</b></p>	11 July 2023



<p>As well as being a statutory requirement, the development of an ambitious North of Tyne Local Nature Recovery Strategy will support important elements of the Stewardship and Rural Growth Investment Plan, specifically Strategic Investment Programme 1: Decarbonisation, Biodiversity and Resilience, and will also support the Local Investment in Natural Capital Programme that Northumberland and four other local authorities are piloting for DEFRA. This report will propose governance arrangements for the North of Tyne Local Nature Recovery Strategy (LNRS). It will also propose that Northumberland County Council joins other local authorities in declaring an ecological emergency to coincide with the commencement of work on the LNRS. This will create a framework for the Council's work on nature recovery and will also be a public statement of intent, acknowledging the widespread and growing concern about the state of nature in the UK.</p> <p>C. Horncastle/D. Feige - 0777 429 5253</p>	
<p><b>Outcomes of Statutory Consultation regarding School Reorganisation in the Berwick Partnership</b></p> <p>This report sets out an analysis of the representations and responses received from interested parties and stakeholders during the four-week statutory consultation, which commenced on 11 May and closed on 8 June 2023, in relation to proposals for schools in the Berwick Partnership. Cabinet is asked to make a final decision on whether or not to approve the proposals, including school closures, set out in the statutory proposal. At the same time, Cabinet is requested to make a final decision on whether or not to approve the non-statutory proposals relating to the voluntary schools within the Berwick Partnership as set out in the Report of the Executive Director of Adult Social Care and Children's Services, Berwick Partnership Organisation – 9th May 2023. In making its final decision, Cabinet are advised to consider the decision of the DfE's Regional Director of Education for the North East with respect to proposed changes to St Cuthbert's Catholic First School and Berwick Academy.</p> <p>G. Renner Thompson/S. Aviston - (01670) 622281</p>	<p>20 July 2023 FACS 18 July 2023</p>
<p><b>Leisure Programme Update</b> To update Cabinet with progress on the Leisure programme</p> <p>J. Watson/M. Donnelly 07517 553463</p>	<p>12 December 2023</p>
<p><b>Leisure Programme Update</b> To update Cabinet with progress on the Leisure programme</p> <p>J. Watson/M. Donnelly 07517 553463</p>	<p>9 April 2024</p>

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# **Northumberland County Council**

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

### **Work Programme and Monitoring Report 2023 - 2024**

Page 57

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

## 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**

4 July 2023

Page 60	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.
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5 September 2023

Page 60	HealthWatch Northumberland Annual Report  Complaints Annual Report: Adult Social Care and Continuing Health Care Services  <b>Restructure of Adult Social Care</b>	Annual report from Healthwatch Northumberland  Annual report on complaints and lessons learnt within Adult's social care. Committee to identify any further areas for scrutiny.
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7 November 2023

	<b>Oncology Performance Update (NUTH)</b>	To receive an update from NUTH/NHSE on oncology performance nationally and regionally.
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9 January 2023

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5 March 2024		
	<p>Northumberland Safeguarding Adults Annual Reports 2022-23</p> <p>Director of Public Health Annual Report</p> <p>Tackling Inequalities Plan Progress Report</p>	<p>To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults.</p> <p>DPH's Annual Report highlighting the priorities for the DPH for the coming year.</p>
2 April 2024		
Page 61	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.
7 May 2024		
	<p>CNTW Quality Accounts</p> <p>NUTH Quality Accounts</p>	<p>Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.</p> <p>Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust, and also agree to submit a formal response to each Trust.</p>

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

Ref	Date	Report	Decision	Outcome
1				