

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OSC

At the meeting of the **Health and Wellbeing OSC** held at Council Chamber - County Hall on Tuesday, 12 December 2023 at 1.00 p.m.

#### PRESENT

Councillor R. Dodd  
(Chair, in the Chair)

#### MEMBERS

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

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N.	Executive Director - Adults, Ageing and Wellbeing
Charlton, C.	Northumbria Healthcare
Dickson, M.	Northumbria Healthcare
Hillery, J.	Adult Social Care Complaints Manager
Jones, V.	Cabinet Member
Kent, D.	Northumbria Healthcare
Lee, P.	Public Health Consultant
McCabe, K.	Senior Public Health Manager (Inequalities)
Pattison, W.	Cabinet Member
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance.

#### 25 APOLOGIES FOR ABSENCE

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

#### 26 MINUTES

**RESOLVED** that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 7 November 2023, as circulated, be confirmed as a true record and signed by the Chair.

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27 **HEALTH AND WELLBEING BOARD**

**RESOLVED** the minutes of the Health & Wellbeing Board held on 12 October 2023 and 9 November 2023 be noted.

28 **BERWICK HOSPITAL**

Members welcomed C. Charlton, Head of Communications, M. Dickson, Executive Director of Nursing and D. Kent, Managing Director of Northumbria Facilities Management to the meeting to update on the progress of Berwick Hospital. (A copy of the presentation slides has been filed with the signed minutes).

Northumbria Healthcare's presentation covered the following:

- Excellent progress on site and in other areas:
- A lot of progress had been made within the last twelve months with most of the archaeology and demolition work being completed.
- Archaeology had discovered some fascinating finds. The site dated back to medieval times with findings including a latrine, defensive wall and what resembled a fishing village.
- The Trust had also worked closely with the Council's archaeologist team.
- It was fantastic that the hospital was being built on a site of such historical importance and would be the heart of the local community in relation to providing modern healthcare.
- The Trust was waiting to find out if any further archaeology was needed at the site.
- The foundations had been laid and hundreds of piles and pile caps installed.
- The frame for the building was currently going up.
- Design work for the inside of the hospital, wards and different areas was well underway and progressing well.
- This was now and next steps:
- Having to manage work on site carefully as it was restricted for space, but it was going well.
- The frame was to be completely installed by February next year.
- Work to pour concrete to form floors and base of room planned to begin late January.
- Things were going well in the factory too:
- Merit was the construction partner.

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- Merit was a local company with factories in Cramlington.
- Advantages of using off-site construction include high quality and not affected by adverse weather.
- This building approach was now being used more widely and seen as leading/innovative.
- Looking at opening in Summer 2025.
- Patients and staff were settling well on our new temporary ward:
- Due to how close the work needed to be done next to the ward, patients had been moved to a temporary ward, which was on site.
- It was very positive that they had been able to keep inpatients in Berwick and on the hospital site.
- The temporary ward was very well fitted out and comfortable.
- Excellent feedback had been received from patients and staff about the temporary ward. There had been over 20 patients so far.
- The Team would help support with transport for these patients and their loved ones.
- Outpatients, maternity, oncology and MIU were still operating as normal.
- Continually looking at services:
- Very important to note that there would be no reduction in any services, quite the opposite.
- Would be bringing endoscopy back which was a real benefit to the local community.
- Looking into what other appropriate/community services could be brought to Berwick as we know how important this was to the local area.
- Keeping local communities updated and involved:
- On-going programme of communications.
- Public drop-in sessions which were always well attended.
- Regular resident and stakeholder updates/briefings.
- Mechanisms in place for residents to speak to staff if they had any concerns/issues.
- Increased links with communities, for example the work being carried out with schools through the arts programme.

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- The arts programme was working well and working with local artists.

In response to questions from Members of the Committee, the following information was provided:-

- There continued to be an on-going programme of communications with residents.
- There had been traffic and parking difficulties, but work was ongoing to mitigate these.
- IT had significantly changed in the last few years making more services available to patients.
- Berwick and surrounding areas had some fantastic staff and services available and there was now a better link with NSECH at Cramlington.
- No patients should be travelling if services were available locally.
- The temporary ward was working well but patients were better being in their own homes if possible.
- The beds within the temporary ward were not just for end of life care patients. They were for anyone needing to stay in hospital a little longer such as those needing rehabilitation.
- The hospital was not just for Berwick residents but also the whole local area.
- The Communication Team would promote the hospital and services available and ensure Berwick was an option for patients within the north of the county instead of having to travel to Ashington or Cramlington.
- Confirmation that it was envisaged that Berwick Hospital would be fully operational by the Summer of 2025.

Members thanked Northumbria Healthcare for their positive update on progress being made at Berwick Hospital.

**RESOLVED** that the information be noted and a further update be provided in due course.

## 29 **REPORT OF THE CABINET MEMBER FOR CARING FOR ADULTS**

### **Complaints Annual Report 2022-23: Adult Social Care and Continuing Health Care Services**

The Cabinet Member for Caring Adults introduced the report which described what people had said about adult social care services in Northumberland and what had been learned as a consequence during the last year.

N. Bradly, Executive Director - Adults, Ageing and Wellbeing and J. Hillery, Adult Social Care Complaints Manager, drew members' attention to the main points of

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the report. (A copy of the report has been filed with the signed minutes).

The report detailed the approach to listening and respecting all feedback offered, valuing each individual's perspective on the care they received, and resolving issues raised by people in Northumberland. It also explained in the appendices the custom and practice in complaint handling which had evolved to meet the requirements of the national regulations as well as providing some equalities information.

The service continued to be guided by the aim of responding to complaints in an appropriate and proportionate manner, understanding the perspective of each family member or service user that made a complaint, and where possible aiming to resolve things at an early opportunity.

Overall, it had been a positive year for Adult Services with many compliments received and enquiries dealt with at an early stage. The service would continue to speak to people to hear their views and take their concerns very seriously. Officers were committed to improving services and continued to receive support from staff and managers throughout the organisation.

In response to questions from Members of the Committee, the following information was provided:-

- All complaints were approached positively as opportunities for learning, as well as providing a means by which people could ask the organisation to address the specifics of poor services or bad decisions which affected them individually.
- The number of complaints per year were very small.
- Adaptions were primarily carried out by external contractors however there were measures that could be taken if complaints were received.
- Listening and learning from complaints received would hopefully ensure all complaints were acted upon and customers all had positive experiences.
- Issues around charging remained one of the main areas of complaint. Systems were in place and on-going training occurred with staff to make sure charging was explained fully and recorded properly.
- Complaints could be sent in via email, letter, telephone and from family and friends.
- At today's meeting of Cabinet, it had been agreed to revisions to the Council's discretionary grants policy which included:
  - A scheme under which non-means-tested grant of up to £6500 would be offered to fund the cost of urgently needed adaptations for people with a rapidly progressing health condition that were expected to result in their death.
  - The transfer to the adaptations budget of funding responsibility for ceiling

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track hoists, which are currently funded through the Council's equipment loan service, and an amendment to the discretionary grant policy to enable the full cost of this adaptation to be covered by grant.

**RESOLVED** that the report be noted.

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

**Mid-term review of the Northumberland Joint Health and Wellbeing Strategy  
Theme: Empowering People and Communities**

The Cabinet Member for Improving Public Health and Wellbeing introduced the report which sought to provide an update on progress on actions within Northumberland Joint Health and Wellbeing Strategy 2018-28 Empowering People and Communities Theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023-28.

The report was presented by K. McCabe, Senior Public Health Manager (Inequalities) and P. Lee, Public Health Consultant. The report had previously been considered at the Health and Wellbeing Board. (A copy of the report and presentation has been filed with the signed minutes).

The presentation covered the following points:

- The theme currently aimed to ensure that 'people and communities in Northumberland are listened to, involved and supported to maximise their wellbeing and health.
- In comparison for 2018/19, national indicators for 2021/22 showed a worsening position in Northumberland for a number of indicators, however when compared to both the North East and England averages they were not doing as badly.
- Northumberland's population. Collection of data was potentially limited by digital access and literacy levels.
- Ambition – to move away from culture of preventing illness to promoting wellness. And from a culture of 'doing to' people to a culture of 'doing with'. More than Medicine approach and five areas for action.
- Reflections – where Northumberland was now
- Landscape, Terminology and Language
- Desired outcome – All communities in Northumberland were heard, understood, and empowered and had an active role in optimising their wellbeing and health.
- Principles –
- Take a strengths-based approach

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- Working collaboratively
- Priority Areas
- Work collaboratively to remove barriers, promote and mobilise a local, holistic, whole person approach.
- Equity of access to opportunities supporting resilience, belonging and connectivity.
- Enable development of knowledge skills and confidence to understand health and are choices and their consequences.
- Lived experience central within policy development and practice.
- What are we going to do?
- Be resilient, be inclusive, be community-based, be consistent, be open and made every door ‘the right door’.
- It was hoped that the other three themes of the JHWS would also take on this approach and work with leads of the other themes and look at metrics within those themes that linked to the healthy life expectancy and inequality take forward and help people deliver within the Empowering People and Communities approach.

A number of comments were made, including:

- Concern that this was overloaded with jargon that might be difficult for residents to understand.
- The need to work with Councillors and other stakeholders to ensure the Strategy was fit for purpose and delivered successfully.
- The voice of residents particularly those in the hardest to reach communities needed to be heard and understood.
- Meaningful indicators and data were essential.
- The need to link up with the Inequalities Group.

**RESOLVED** that:

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

## 31 **REPORTS OF THE SCRUTINY OFFICER**

### **(a) Forward Plan**

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

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**RESOLVED** that the report be noted.

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

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

A request had been made to receive an update regarding the 0-19 services partnership with Harrogate.

**RESOLVED** that the Work Programme and comments made be noted.

32 **DATE OF NEXT MEETING**

**RESOLVED** that the date of the next meeting be scheduled for Tuesday, 9 January 2024 at 1.00 p.m.

**CHAIR**.....

**DATE**.....

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