



Northumberland County Council

Your ref:

Our ref:

Enquiries to: Andrea Todd

Email: Andrea.Todd@northumberland.gov.uk

Tel direct: 01670 622606

Date: 30 November 2023

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH AND WELLBEING OSC** to be held in **COUNCIL CHAMBER - COUNTY HALL, MORPETH, NE61 2EF** on **TUESDAY, 12 DECEMBER 2023** at **1.00 PM**.

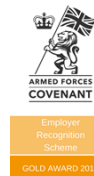
Yours faithfully

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



AGENDA

PART I

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

1. APOLOGIES FOR ABSENCE

2. MINUTES

(Pages 1
- 8)

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

3. DISCLOSURE OF MEMBERS' INTERESTS

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

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

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

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

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

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

NB Any member needing clarification must contact

monitoringofficer@northumberland.gov.uk. Members are referred to the Code of Conduct which contains the matters above in full. Please refer to the guidance on disclosures at the rear of this agenda letter.

4. HEALTH AND WELLBEING BOARD

(Pages 9
- 22)

The minutes of the Health & Wellbeing Board held on 12 October 2023 and 9 November 2023 are attached for the scrutiny of any issues considered or agreed there.

5. BERWICK HOSPITAL

The committee will receive an update from Northumbria Healthcare on the progress of Berwick Hospital.

6. REPORT OF THE CABINET MEMBER FOR CARING FOR ADULTS

(Pages
23 - 60)

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

To inform members of the Committee of:

- The activities of the complaints service where this relates to adult social care, including work on behalf of the North East and North Cumbria Integrated Care System (ICS);
- How customer experiences are sought and to provide an overview of what people have said about our services;
- How complaints are handled and statistical information from 2022/23;
- Matters of general note arising out of those complaints including some examples where action has been or is to be taken to improve services;
- Decisions made by the Local Government and Social Care Ombudsman and the Health Service Ombudsman in respect of complaints they received about children's and adult services; and
- Other feedback from people who use our services.

7. REPORT OF THE CABINET MEMBER FOR IMPROVING PUBLIC HEALTH AND WELLBEING

(Pages
61 - 78)

Mid-Term Review of the Northumberland Joint Health and Wellbeing Strategy Theme: Empowering People and Communities

The purpose of the report was to:

- Update Health and Wellbeing OSC on progress on actions within Northumberland Joint Health and Wellbeing Strategy 2018 - 2028 (JHWS) empowering people and communities theme.
- Review this theme and propose amendments to priorities, actions and indicators to measure progress for the remaining period of the strategy 2023 - 2028.

8. REPORTS OF THE SCRUTINY OFFICER

8.1 FORWARD PLAN

(Pages
79 - 86)

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

8.2 HEALTH AND WELLBEING OSC WORK PROGRAMME

(Pages
87 - 94)

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. DATE OF NEXT MEETING

The date of the next meeting is scheduled for Tuesday, 9 January 2024 at 1.00 p.m.

IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:

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

Name:		Date of meeting:	
Meeting:			
Item to which your interest relates:			
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):			
Are you intending to withdraw from the meeting?		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
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain. [Any unpaid directorship.]
Sponsorship	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.
Contracts	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.
Land and Property	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.
Licenses	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer
Corporate tenancies	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.
Securities	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"> i. the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or 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.
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* ‘director’ includes a member of the committee of management of an industrial and provident society.

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

Table 2: Other Registrable Interests

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

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

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NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 7 November 2023 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor R. Dodd
(Chair, in the Chair)

MEMBERS

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

Nisbet, K.
Richardson, M.

ALSO IN ATTENDANCE

Angus, C.
Bradley, N.

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

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

17. APOLOGIES FOR ABSENCE

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

18. MINUTES

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

19. HEALTH AND WELLBEING BOARD

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

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

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

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

The presentation covered the following issues:

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

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

- Disappointment that the waiting times had got worse since those reported in the annual accounts. It was questioned whether the Trust had carried out accurate forecasting to give assurance that things would improve. In response it was stated that although some performance had deteriorated other targets had seen slight improvements. The Trust was committed to improving waiting

times and a number of key actions had been taken. Forecasting for the next year would take place soon.

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

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

RESOLVED that the information and comments made be noted.

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

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

Members considered the report presented to Health and Wellbeing Board on 12 October 2023 which sought to update on achievements against the theme of 'Adopting a whole system approach to health and care' in the Northumberland Joint Health and Wellbeing Strategy 2018-28. (A copy of the report has been filed with the signed minutes).

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

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

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

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

- Priority 1 – Refocus and prioritise prevention and health promotion.
- Priority 2 - Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.
- Priority 3 – Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.

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

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

- Empowering People and Communities
- Giving Children and Young People the Best Start in Life
- Building Blocks Theme

A number of comments were made, including:-

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

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

RESOLVED to:

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

22. REPORT OF THE CABINET MEMBER FOR CARING FOR ADULTS

Welfare Rights Report 2019-2023

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

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

A number of points were raised, including:

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

- Any residents needing general advice about benefits or debt could contact Citizen Advice or Northumberland Communities Together.
- The difficulties faced by residents trying to apply for benefits which sometimes could be demoralising. There were external organisations and the Welfare Rights Team available who could offer support and guidance to residents.
- The Welfare Rights Team offered training to social care staff, other teams within the authority and external organisations that supported Northumberland residents, including social prescribers.

RESOLVED that the report be received for information.

23. REPORTS OF THE SCRUTINY OFFICER

(a) Forward Plan

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

RESOLVED that the report be noted.

(b) Health and Wellbeing OSC Work Programme

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

RESOLVED that the Work Programme and comments made be noted.

(c) Automated External Defibrillators (AEDs) in Northumberland: Scoping Report

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

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

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

- North East Ambulance Service (NEAS)
- Public Health Specialist
- Town and Parish Councils

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

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

RESOLVED that:

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

24. DATE OF NEXT MEETING

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

CHAIR _____

DATE _____

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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, 12 October 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Bradley, N.	Paterson, L (Substitute)
Conway, A.	Pattison, W.
Conway, P.	Reiter, G.
Jenkins, C. (Substitute)	Standfield, P.
Jones, V.	Syers, G.
Moulder, B. (Substitute)	Waring, K. (Substitute)
O'Neill, G.	Watson, J.

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Consultant in Public Health
A. Kingham	Executive Director for Children, Young People & Education
J. Lawler	Consultant in Public Health

30. APOLOGIES FOR ABSENCE

Apologies for absence were received from G. Binning, V. McFarlane-Reid, S. Rennison, and Councillors G. Renner-Thompson, G. Sanderson, E. Simpson.

31. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 14 September 2023, as circulated, be confirmed as a true record and signed by the Chair.

32. UPDATE ON AND REFRESH OF THE JOINT HEALTH AND WELLBEING STRATEGY 2018-2028

(1) 'Adopting a Whole System Approach to Health and Care'

Members received an update on achievements against the theme of 'Adopting a whole system approach to health and care' and to refresh and propose

amendments to priorities, actions and indicators or evidence of achievement for this theme. The report was presented by Dr. Jim Brown, Consultant in Public health.

The following key points were raised.

- 'Adopting a whole system approach to health and care' was one of four themes of the 2018-28 Joint Health & Wellbeing Strategy.
- The Systems Transformation Board (STB) had agreed to take ownership of this theme and set up a task and finish group to review and refresh the theme. Membership was drawn from a number of bodies including the Health & Wellbeing Board, ICB, and Northumbria Healthcare Foundation Trust.
- There had been improvements relating to smoking prevalence and percentage of physically active adults. However, there was a worsening trend in alcohol related hospital admissions and self-reported wellbeing.
- There were many examples of integration which had occurred within Northumberland across sectors such as healthcare, public health, education, social care and the voluntary and community sector, physical and mental healthcare.
- It was proposed that the three priorities for the theme be updated as follows:-
 - **Priority 1** – Refocus and prioritise prevention and health promotion.
 - **Priority 2** - Drive integrated, coordinated, personalised care, and user and resident involvement in the health and (social) care system.
 - **Priority 3** – Ensure access to, experiences of, and outcomes from services that contribute to health and wellbeing are equitable.
- Details of the relevant actions and indicators/evidence of progress for each priority were provided.
- Other areas for consideration were:-
 - Whole system approaches to sexual and reproductive health and drugs
 - Improvements to dental access
 - Endorsements for integrated neighbourhood teams
 - Need to dovetail priorities and actions between themes.
- Members' comments were welcomed.

A number of comments were made, including:-

- What was the scope of integrated neighbourhood teams and how would we know when we had one? What tasks would be undertaken by an integrated neighbourhood team and how would they be measured? How would this be done involving the community?
- The issue of neighbourhood teams must not be allowed to drift. The ICB was probably the most appropriate body to oversee this by way of a sub-group. It would be important to engage with local communities to see what they wanted. ICB agreed this was their lead to take further.
- Dentistry was a problem area particularly in a county such as Northumberland which was a wide geographical and isolated area. An

ICB officer was leading on this challenging area which was also a national concern.

- It was important not to duplicate work being undertaken by other organisations and as such drugs and alcohol is covered in the Safer Northumberland Partnership.
- Rurality was an important lens for Northumberland when considering inequalities.

RESOLVED that

- (1) the achievements described in the report be noted.
- (2) the proposed amendments to priorities, actions and indicators or evidence of achievement for the theme be agreed.

(2) 'Giving Children and Young People the Best Start in Life'

Members received an update on achievements made against the theme of 'Giving Children and Young People the Best Start in Life', to review and agree priorities and actions and describe proposed amendments for the remaining period of the strategy and review indicators to measure progress against this theme. The report was presented by Jon Lawler, Consultant in Public Health and Graham Reiter, Director of Children, Young People and Families.

The following key points were raised:-

- This theme had three priorities with actions included to achieve them
 - Education
 - Ensuring Children were safe and supported
 - Supporting positive lifestyle and social choices
- Details of national indicators and progress against them were shown. It was important to note that the national indicators did not show the whole story for Northumberland and could mask inequalities. Local information was more up to date and relevant.
- Narrative and qualitative indicators for each priority were shown.
- Covid-19 had had an impact such as disrupting education, impacting mental health and wellbeing, safeguarding and school readiness. There was also a disproportionate impact on existing inequalities. The current cost of living crisis was compounding the impact of Covid-19.
- By way of refreshing the theme, it was proposed to rename it 'Starting and Growing Up Well' in order to reflect whole of childhood, adolescence and early adulthood.
- Proposed actions for each priority were listed.
- Members' comments were welcomed.

A number of comments were made, including

- The refreshed terms within the report, were welcomed as being more meaningful and relevant. Also, active language rather than passive and the inclusion of physical health were welcomed.
- It was important to consider who was best placed to carry out various roles
- It was sobering to see that in some areas progress had been backwards. Understanding communities and which ones had the biggest gaps in terms of inequalities was crucial. The workforce must be flexed to be where it could make the most impact.
- Family Hubs were a locality-based partnership working along with the community voluntary sector such as Thriving Together. Work could be done to enhance statutory services and links with those.
- Confidence and self-esteem in young people needed to be built in as it had been hampered by Covid-19. This also related to physical health and wellbeing. Young people could be over dependent on modern technology leading to social isolation.
- There was a whole joined up system to ensure that children and young people were prepared for the place of work. They would go on to become employees and employers in Northumberland.
- The trend for unintentional and deliberate injuries to children was increasing. From a safeguarding perspective, there had been a national increase during Covid-19 due to the lack of accessibility to children during that period. In Northumberland there had been an increase in the number of incidents reported to Ofsted and these were subject to a rapid review. It was noted that there were not large numbers of cases.
- National published data was dependent on how incidents were coded at a local level and local practice. It was noted that there were stringent rules nationally regarding hospital coding. North Tyneside's data was similar, and it may be that work could be done to help understand this data more.
- There was no mention of children who were missing from home or from Council care. It would be useful to track this and look at the risks which could arise from these episodes. This would be monitored by the Safeguarding Partnership.
- Work regarding mental health was welcomed. Further work was being carried out within the Northumbria Trust regarding its adult and children's mental health services. Using the inequalities lens would also be useful.
- Careful use of language and specific terms was crucial to encourage engagement with the wider voluntary and community sector. Specific example was to move away from the term 'whole system' and instead use simpler language such as collective responsibility.
- Regarding physical health, some indicators such as around asthma which contributed to the reasons why some children did not go to school and the inequalities in those areas. Linked to Core 20 plus five.
- Challenge regarding where we want to be in five years time and what would 'good' look like at that time. This would become the first five years of the 20 year generational ambitions of the emerging County Plan.

RESOLVED that

- (1) the achievements described in the report be noted.

- (2) The proposed amendments to the name of this theme, priorities and associated actions be agreed.

33. THRIVING TOGETHER – VCSE SECTOR UPDATE

Members received a presentation from Abi Conway, VCSE representative.

The following key points were raised:-

- **Background** – Thriving Together was commissioned by Northumberland County Council in 2021 as the support system for the voluntary sector with a set of defined deliverables with the underpinning ethos to give all organisations the opportunity to thrive and achieve their potential through partnership working. The commission had been extended for a further year.
- **The Deliverables** –
 - Providing support connections in order to operate safely and legally
 - Actively managing relationships and the effective exchange of information
 - Working with Northumberland Communities Together to develop effective governance and visibility.
 - Development of partnerships and collaborations.
- **Communications** – Website was well used within the sector. Other social media sites such as Facebook, Instagram and Twitter were used. There was a bi monthly newsletter along with quarterly events. The events were rotated around the county and had been well received. One to one visits were carried out by community connectors to small voluntary groups to ensure that they remained connected.
- **Networks** – The number of networks had extended to 15 since the start of the commission. Network Leads meetings were held quarterly. Thriving Together was involved with Northumberland County Council’s VCS Liaison Working Group and involved in providing agenda items.
- **Events** – Thriving Together also attended and contributed to events organised by other bodies.
- **Additional Funding** – Building capacity and provided leverage for additional funding within the voluntary sector. Within the last 18 months, £2 million had come into the sector due to the efforts of Thriving Together. Collaboration had allowed smaller organisations to apply for funding which they would otherwise be unable to access.
- **Map** – showed location of connections made across Northumberland. Engagement had also been made with a wide-ranging number of county wide organisations.
- **Other stakeholders** – A good relationship had been developed with other stakeholders and colleagues within the Public Health and Education.
- **Next Steps** –
 - Develop a VCSE Leaders Network
 - Inequalities Action Plan/Taskforce

- Hyper-local funding model
- Development of the Volunteer Skills Passport
- Continuation of Networking Events
- Expansion of services on Frontline to encourage use by schools, police, ambulance etc.
- Revamp website.

A number of comments were made, including:-

- It was important that there was a good level of trust. There had been a lot of work done to build that trust and good relationships. This enabled the sector to move forwards.
- It was good to hear the voluntary sector perspective. It was important not to assume that there was always capacity within the voluntary sector. There was willingness, want and professional capability but there needed to be resourcing to do that.

RESOLVED that the presentation be received.

34. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

35. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 9 November 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELL-BEING BOARD

At a meeting of the **Health and Wellbeing Board** held in County Hall, Morpeth on Thursday, 9 November 2023 at 10.00 a.m.

PRESENT

Councillor P. Ezhilchelvan
(Chair, in the Chair)

BOARD MEMBERS

Binning, G.	O'Neill, G.
Blair, A.	Pattison, W.
Bradley, N.	Reiter, G.
Conway, A.	Sanderson, H.G.H.
Iceton, A (Substitute)	Standfield, P.
Jones, V.	Syers, G.
Lothian, J. (Substitute)	Wardlaw, C.
McCartney, S.	Watson, J.
Moulder, B. (Substitute)	

IN ATTENDANCE

L.M. Bennett	Senior Democratic Services Officer
Dr. J. Brown	Consultant in Public Health
Y. Hush	Public Health Manager
A. Kingham	Executive Director for Children, Young People & Education
J. Lawler	Consultant in Public Health
K. Lynch	Senior Public Health Manager
K. McCabe	Senior Public Health Manager (Inequalities)

36. APOLOGIES FOR ABSENCE

Apologies for absence were received from Victoria McFarlane-Reid, Russell Nightingale, Hilary Snowdon and Councillor L. Simpson.

37. MINUTES

RESOLVED that the minutes of the meeting of the Health and Wellbeing Board held on 12 October 2023, as circulated, be confirmed as a true record and signed by the Chair.

38. UPDATE ON AND REFRESH OF THE JOINT HEALTH & WELLBEING STRATEGY 2018-2028

EMPOWERING PEOPLE AND COMMUNITIES

Members received 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 Karen McCabe, Senior Public Health Manager (Inequalities). (A copy of the report and presentation is filed with the signed minutes.)

The following key points were raised:-

- The theme currently aimed to ensure that ‘people and communities in Northumberland are listened to, involved and supported to maximise their wellbeing and health.
- Priority areas
 - Ensure that partners, providers, practitioners and the systems they work in promote and encompass a ‘more than medicine’ approach.
 - Provide people and communities with access to networks and activities which will support good health and resilience.
 - Support people to gain the knowledge, skills and confidence they need to be active partners in managing and understanding their own health and healthcare.
- During the summer a number of workshops had been held bringing together colleagues. Information had been gathered and was being presented to the Health and Wellbeing Board for discussion.
- **Mid-term progress for national indicators aligned to this theme**
 - 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.
 - It was noted that 2021/22 was the time when we were emerging from the Covid pandemic, lock down and social isolation and as such was a time when people were feeling less in control and empowered. Also, the data did not provide granular level detail and masked variance and differences in inequalities across 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 is now**
 - Creating conditions necessary to foster ‘at scale’ transformation and a system wide culture shift towards community-centred, strengths-based approaches.
 - Long-term commitment and trust between partners, ourselves and voluntary sector and development of different ways of working. An

- example of an enabler which had come into play was the Northumberland Inequalities Plan and County Plan
 - Measuring success – there were multiple systems of data collection and data sets making comparisons at scale difficult. Progress was being made in this area.
 - Active, not passive language.
- **Landscape, Terminology and Language**
 - Desired outcome – All communities in Northumberland are heard, understood, and empowered and have an active role in optimising their wellbeing and health.
 - Principles –
 - Take a strengths-based approach
 - 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’.
 - All partners within the Health & Wellbeing Board and partners across the system had inequality plans and community centred approaches. It was strongly felt that empowering local communities should not be diluted and should be strengthened.
 - 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:

- It was important to get the narrative regarding care homes right and not to imply that they were ‘bad’. There was an increasingly aging population in Northumberland and living in a care home could be transformative for many.
- This was acknowledged and the aim was to try and reduce demand to ensure that there was space available for those who really needed them. There was a tipping point between when it was better for an elderly person to remain in their own home or move to the supportive environment provided by a care home.
- There were some issues within the domiciliary care sector as it was difficult to meet needs so some were going into care homes. Attempts were being made to grow that workforce. This also affected hospital discharges as there was not the support in place to care for a person in

their own home. Care homes were often used as an interim measure, however, there was the risk of a person becoming institutionalised.

RESOLVED that the proposed amendments outlined in the report be approved.

39. NORTHUMBERLAND TOBACCO CONTROL PARTNERSHIP ANNUAL UPDATE 2023

Members received an update on Northumberland's collaborative approach to Tobacco Control and the development of the Northumberland Tobacco Control Partnership during 2023. The report was presented by Kerry Lynch, Senior Public Health Manager. (A copy of the report and presentation is filed with the signed minutes.)

The following key points were raised:-

- Smoking remained the biggest preventable cause of death and illness in Northumberland, the North East and England. It put a huge pressure on the NHS with hospital admissions and GP appointments. There was no safe level of exposure to tobacco smoke including second hand smoke. It was important to continue to drive to action at all levels and use political and organisational influence to achieve a tobacco free generation.
- Smoking prevalence in Northumberland was 9.6% but there were higher levels amongst those in routine and manual works and people with mental illness.
- The shared vision of the Health and Wellbeing Board and local partnership was

Northumberland children born today will live a smoke free life. We aspire to reach a Smoke Free 2030, where adult smoking prevalence is 5% or lower by 2030. We shall work in partnership using an evidence-based approach.

- National Measures – new measures had been announced which proposed legislation to make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products in England. Additional funding of £366,000 would be made available to the Council for stop smoking services. Funding would also be available to improve enforcement to prevent illegal tobacco and vaping. It was expected that these measures would lead to up to 1.7 million fewer people smoking by 2075. A consultation process was currently live and members were urged to respond.
- Priority populations were
 - Young people
 - Smoking in pregnancy
 - Routine and manual occupations
 - Mental health conditions
- Smoking Related Health Inequalities

- Social Housing – Continue with bespoke support model and offer of free vape starter kits to smokers living in social housing, part of the nation Pathfinder opportunity.
- Illicit Tobacco – Trading Standards and Public Health were working together to augment illicit tobacco and alcohol work and engage in prevention.
- Action planning and next steps
 - Finalising JSNAA chapter with recommendations
 - Action plan to developing actions further and address identified gaps in knowledge of community assets.
 - Local advocacy of national measures and participation in consultations

A number of comments were made, including:

- Vapes as part of the ‘Swap to Stop’ scheme would only be offered to adult current smokers and were not for use by non-smokers or children.
- It was not advisable to compare the effects of smoking with use of alcohol or obesity as all are major public health factors. In terms of preventable deaths, smoking deaths were higher.
- Additional resources were being made available for border controls to deal with the importing of cheap tobacco from abroad.
- Some people turned down intervention from a pharmacist but were often more receptive to a joint approach from a social prescriber and a pharmacist. There had been conversations with CAB around debt and the link with smoking. There was a stigma for someone struggling with their finances and for there to be a conversation about smoking in that context. This needed to be well thought out. Links were being made with housing and the voluntary sector.
- It was confirmed that support could be offered for completion of the consultation. The first four questions of the consultation related to the raising of the age of sale and were the most crucial.
- A representative from the voluntary sector would be welcome to attend meetings of the Northumberland Tobacco Control Partnership.
- With regard to mental health, there was a robust service for in patients, however, further effort and focus was needed within community teams. Particularly for those who worked into primary care more actively and there needed to be more focus and a commitment to take away to look at what the organisation was doing for the county and more broadly within the community teams.
- Was MECC (Making Every Contact Count) embedded in the policies of partner organisations and if so, how was it delivered? There was a need to ensure that it made sense to the operational staff who were in and out of people’s homes.

RESOLVED that the development and progress of the Northumberland Tobacco Control Partnership during 2023 be noted.

40. UPDATE ON PROMOTING BETTER MENTAL HEALTH AND WELLBEING IN NORTHUMBERLAND

Members received an update on multiagency activity in Northumberland to promote better mental health since the last report to the Board in December 2020. The report was presented by Jon Lawler, Consultant in Public Health. (A copy of the report and presentation is filed with the signed minutes.)

The following key points were raised:-

- The involvement of a number of officers at Northumberland County Council and the NENC ICB was acknowledged.
- The importance of good mental health and wellbeing – there was an increasing trend in common mental health problems. This was compounded by the Covid-19 pandemic and the increase in cost of living. Socioeconomic inequalities were closely linked to many risk factors for poor mental health.
- Multiagency partnerships in Northumberland
 - Adults – Crisis Care, Suicide Prevention and Mental Health Strategic Partnership, Operational Group – promoting good mental health action plan 2022
 - Children – Emotional Wellbeing and Mental Health (EWMH) Steering Group, SEND Strategic Partnership, EWMH Operation Group – Emotional Wellbeing and Mental Health Strategy 2022-25 and Local Area Strategy 2021-24
- Examples of collaborative Working to support adults
 - Community Mental Health Transformation – further development of multidisciplinary teams and closer working between voluntary sector, primary/secondary care and Northumberland County Council. ‘No wrong door approach’, HOPE (Helping Overcome Personal and Emotional Difficulties) Team
 - Partnership Working – Northumberland Communities Together, Dementia Diagnosis Care Home Project
 - Urgent Care Work – Right Care, Right Person, NHS 111 mental health option
 - Alternatives to crisis – Safe Haven development, Together in a Crisis
- Promoting good mental health and suicide prevention –
 - Training through NCC Public Health
 - Partnership support for campaigns
 - ICB support for primary care
 - Better Health at Work Award Scheme
- Supporting Northumberland County Council staff – there was a comprehensive wellbeing offer to staff including a health and wellbeing portal, financial wellbeing guidance and support and mental health training for managers. Other organisations will have their own staff wellbeing offer.
- Promoting better mental health for men – Men were 3 times more likely to die by suicide than women and had different coping mechanisms and health seeking behaviours. Examples of activity in Northumberland

included Andy's Man Club and the Northumberland Recovery College and Family Hubs work to support new fathers.

- Children and young people – increasing demand on services (apparent pre-Covid-19) and increasing complexity of needs. Multiagency strategy with strong emphasis on partnership work e.g. 0-19 service Emotional Health and Resilience 'pillar', Kooth online support and Mental Health Support Teams in schools.
- Developing a promoting better mental health strategy – building on established partnerships and extensive collaborative work and develop a strategy for Northumberland. Strategy could include – preventing mental disorders, promoting mental wellbeing and promoting resilience.

A number of comments were made, including:

- A significant proportion of mental health conditions in adulthood were initiated during childhood and it was important to strengthen parental support through Children's Services and Family Hubs.
- It was important to pull together all the strands in this very broad area. A strategic approach would do this and enable the Board to look back in a year's time to see whether a difference had been made.
- What were we not doing, or need to do differently to fill in the gaps? There was an effective strategic partnership in place but how did the rest of the system know what was going on within that strategic partnership? It was important to look at the data on inequalities to understand at a strategic level what the impact of inequalities was and where should efforts be focused.
- Could more voices be involved as mental health and wellbeing was everyone's business and conversation?
- Healthwatch had been reflecting on how best to connect with communities. The strategy provided a framework to pull together all the various initiatives but there was always room for improvements. Connecting across the statutory and VCS sector was fundamental. Consideration should be given to which communities were not being heard from and which we could connect with better.
- All four of the themes in the Joint Health & Wellbeing Strategy needed to be effective as a system to improve the health and wellbeing of the population and reduce inequalities. It would be impossible to have good mental health if areas such as income, employment, housing and education were not right. Making stronger communities along with health care and a whole system approach to health care would be a challenge. All aspects linked together, and none could be seen in isolation.
- It would be useful for the health and wellbeing strategies of employers in Northumberland to be developed more as part of the strategy along with learning from good practice. Some initiatives such as Safe Haven were launching in the New Year. A huge challenge for CNTW would be community transformation and how that rolled out in partnership.
- The four component parts of the Joint Health & Wellbeing Strategy needed to be seamless and large employers and mental wellbeing would come out in the theme at the next Board meeting. The whole refreshed strategy would then be brought to the March meeting of the Health & Wellbeing Board.

RESOLVED that the wide range of multiagency work which has been undertaken to promote better mental health be noted.

41. HEALTH AND WELLBEING BOARD – FORWARD PLAN

Members noted details of forthcoming agenda items at future meetings.

42. DATE OF NEXT MEETING

The next meeting will be held on Thursday, 14 December 2023, at 10.00 am in County Hall, Morpeth.

CHAIR _____

DATE _____



Northumberland County Council

Health and Wellbeing OSC

Tuesday, 7 November 2023

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

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

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

1. Link to Key Priorities of the Corporate Plan

This report is relevant to the 'Tackling Inequalities' priority. It reflects some of the ways in which we listen to what people with a disability or illness and their carers tell us about how we can best support them to live the life they choose.

2. Purpose of report

To inform members of the Committee of:

- The activities of the complaints service where this relates to adult social care, including work on behalf of the North East and North Cumbria Integrated Care System (ICS);
- How customer experiences are sought and to provide an overview of what people have said about our services;
- How complaints are handled and statistical information from 2022/23;
- Matters of general note arising out of those complaints including some examples where action has been or is to be taken to improve services;
- Decisions made by the Local Government and Social Care Ombudsman and the Health Service Ombudsman in respect of complaints they received about children's and adult services; and
- Other feedback from people who use our services.

3. Recommendations

The Committee is recommended to note the content of the report and identify any additional areas for scrutiny.

4. Forward plan date and reason for urgency if applicable

The report does not require a key decision and is not urgent.

5. Background

- 5.1 Adult social care wants local people who use their services to have a strong voice in helping to monitor, develop and improve the way we work. Customer experience information helps us understand how our services affect the lives of people who use our services, their carers, and families and in turn this helps inform our service development. For adult social care, complaints handling is a statutory function governed by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 5.2 In respect of adult social services, the complaints procedure is for a person who receives or has received services from us; or for a person who is affected, or likely to be affected, by any of our actions, omissions, or decisions.
- 5.3 People who use our services are encouraged to give feedback about their experiences and many choose to compliment our staff and/or the services they use. Overall, we receive many more compliments than complaints.

6. Options open to the Council and reasons for the recommendations

The Committee is recommended to note the content of the report, which meets the standard required by stature, but can identify any additional areas for scrutiny for future reports, as appropriate.

7. Implications

Policy	Complaints contribute to monitoring the impact of the Council's policies and the effectiveness with which they are being implemented.
Finance and value for money	There are no direct implications.
Legal	There are no direct legal implications although arrangements are in place to ensure that if complaints suggest that someone is being abused, or a crime may have been committed, there is an appropriate response.
Procurement	There are no direct implications.
Human resources	There are no direct implications.
Property	There are no direct implications.

The Equalities Act: is a full impact assessment required and attached?	No - no equalities issues identified Not applicable. There are no direct Equalities Act implications.
Risk assessment	Individual complaints are risk-assessed on receipt, and appropriate actions are taken if someone is at immediate risk of harm.
Crime and disorder	Arrangements are in place to ensure that if complaints suggest that someone is being abused, or a crime may have been committed, there is an appropriate response.
Customer considerations	Complaints are one of a range of methods by which we receive feedback on the quality and consistency of our services. They are also invaluable for learning lessons and quality improvement.
Carbon reduction	There are no direct carbon reduction implications
Health and wellbeing	There are no direct health and wellbeing implications.
Wards	All wards

8. Background papers

Not applicable

9. Links to other key reports already published

Not applicable.

10. Author and Contact Details

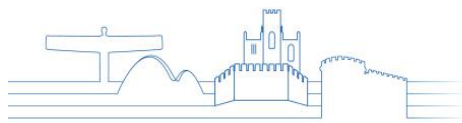
James Hillery - adult social care complaints manager
Email: james.hillery@northumberland.gov.uk

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Northumberland
County Council

In partnership with



North East and
North Cumbria

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

- **Adult social care**
 - **Continuing health care (CHC) services**
-

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1.0 Introduction

- 1.1 This 'Complaints Annual Report' report covers adult social care and the NHS responsibilities for continuing healthcare (CHC) and related services which the Council delivers under a partnership arrangement with North East and North Cumbria Integrated Care System.**
- 1.2 The report describes what people have said about our adult social care services in Northumberland and what we have learned as a consequence during 2022/23. The report also describes what people have said about NHS continuing healthcare funded by North East and North Cumbria Integrated Care System and about supporting people in their own home or in a care home.**
- 1.3 This report emphasises our approach to listening and respecting all feedback offered, valuing each individual's perspective on the care they receive, and resolving issues raised by people in Northumberland. It also explains in the appendices the custom and practice in complaint handling which have evolved to meet the requirements of the national regulations as well as providing some equalities information.**
- 1.4 Complaints about adult social care and health care are handled under a single set of national regulations introduced in 2009. These regulations emphasise that complaints should be approached positively as opportunities for learning, as well as providing a means by which people can ask the organisation to address the specifics of poor services or bad decisions which affect them individually.**

2.0 Adult social care complaints – 2022/23

- 2.1 The complaints service directly handled all the social care and continuing healthcare complaints made to Northumberland County Council. Please note that some complaints closed were carried over from 2021/22 and some complaints received in 2022/23 will carry over into 2023/24. The table below notes the numbers of complaints received in 2022/23 and the previous two years:

Complaints received	2020/21	2021/22	2022/23	Trend
Adult social care	44	55	43	↓
CHC	3	2	2	↓
Total	47	57	45	↓

- 2.2 Over the past year we have seen an overall decrease in the number of complaints being made, and slightly lower than two years ago.

- 2.3 The table below notes the numbers of complaints responded to in 2022/23 and the previous two years:

Complaints responded to	2020/21	2021/22	2022/23	Trend
Adult social care	41	55	28	↓
CHC	3	1	2	↑
Total	44	56	30	↓

- 2.4 Unfortunately, over 2022/23 there were some unexpected and longer-term absences within the complaints service, and a higher than anticipated number of complaints received in quarter 4 (January to March 2023). Despite best efforts, this resulted in the decrease in numbers of complaints responded to. Please note that the work done to resolve matters and to put things right as necessary, was carried out promptly and communication with the complainants maintained. Please see section 9.7 that shows the one-stage adult social care complaints process and that infers the critical importance of making sure the formal response meets the expected standard.

ADULT SOCIAL CARE COMPLAINTS

2.5 The table below shows the outcomes from the responded to adult social care complaints, whether upheld, not upheld, or partly upheld. The CHC complaints data follows later from section 1.12.

Complaint outcomes	2020/21	2021/22	2022/23	Trend
Upheld	8	14	7	↓
Not upheld	14	19	10	↓
Partly upheld	19	19	10	↓
Other outcomes	0	3	1	↓
Total	41	55	28	↓
Upheld and partly upheld combined	27	33	17	↓

2.6 The table below shows the above information as a percentage. In general terms, we find that most complainants have a point, sometimes an important one. Partly upheld complaints will have at least one element that is upheld and other element(s) that are not upheld. Over 2022/23, the 'other outcomes' refers to a complaint that was withdrawn.











Complaint outcomes	2020/21	2021/22	2022/23	Trend
Upheld	20%	25%	25%	→
Not upheld	34%	35%	36%	↑
Partly upheld	46%	35%	36%	↑
Other outcomes	0%	5%	3%	↓
Upheld and partly upheld combined	66%	60%	61%	↑

2.7 The table below shows the complaints responded to by service area. Care management continues to receive the most complaints, which is to be expected in the context of the number of service user contacts for that service area, although the number of complaints remains low compared to the work done which suggests that staff get things right most of the time. Overall, analysis suggests that many service users, carers, and families hold positive views about independent providers in Northumberland.

Service area complained about	2020/21	2021/22	2022/23	Trend
Adult social care teams	29	33	16	↓
Community substance abuse	0	1	0	↓
Finance team	5	2	0	↓
Home improvement service	3	3	4	↑
Home safe	0	1	2	↑
Independent provider	3	10	3	↓
In-house provider	0	0	0	→
Occupational therapy	0	1	2	↑
Northumberland Communities Together	0	1	0	↓
Onecall	0	0	1	↑
Safeguarding adults' team	0	1	0	↓
Self-directed support team	1	1	0	↓
Short term support service	0	1	0	↓
Total	41	55	28	↓

2.8 The subject matter of the complaints responded to is shown in the following table:

Subject matter	2019/20	2020/21	2021/22	Trend
Adaptations & equipment	0	0	0	→
Attitude or conduct of staff	2	4	2	↓

Communication / information	7	15	6	
Contact arrangements	0	0	0	
Disagreement with assessments / reports	3	1	0	
Disagreement with decisions	7	7	3	
Failure to follow procedure	4	2	1	
Finance / funding	4	6	1	
Services not in place	0	0	1	
Speed or delays in service	0	3	0	
Standard of service provision	14	17	14	
Total	41	55	28	

2.9 Key areas relate to ‘communication’ and in particular, the ‘standard of service provision’, especially the latter. Please note that concerns around charges are an underlying issue for many people; and in this context, complaints about service provision are not unexpected, especially when analysis suggests people have, quite rightly, high expectations of services, and are expected to contribute (more) towards the cost of their care.

2.10 What these complaints tell us is addressed in the section on learning.

CHC COMPLAINTS

2.11 In respect of CHC complaints, these remain low in comparison to adult social care complaints. The table below shows the outcomes from the complaints responded to, whether upheld, not upheld, or partly upheld, over the past three years.

Complaint outcomes	2020/21	2021/22	2022/23	Trend
Upheld	1	0	0	→
Not upheld	0	0	1	↑
Partly upheld	2	0	1	↑
Other outcomes	0	1	0	↓
Total	3	1	2	↑
Upheld and partly upheld combined	3	0	1	↑

2.12 What this data tells us is addressed in the section on learning.

2.13 The table below shows the CHC complaints responded to by service area.

Service area complained about	2020/21	2021/22	2022/23	Trend
Adult social care teams	2	1	1	→
Independent provider	1	0	0	→
Nurse assessment team	0	0	1	↑
Total	3	1	2	↑

2.14 The following table shows the subject matter complained about for CHC complaints as a number:

Subject matter	2020/21	2021/22	2022/23	Trend
Attitude or conduct of staff	0	0	1	↑
Disagreement	1	0	0	→

with assessments / reports				
Disagreement with decisions	0	1	0	↓
Failure to follow procedure	1	0	0	→
Finance / funding	0	0	0	→
Services not in place	0	0	0	→
Speed or delays in service	0	0	0	→
Standard of service provision	1	0	1	↑
Total	3	1	2	↑

2.15 What complaints tell us is addressed in the section on learning.

3.0 Learning from the people who use our adult social care services

3.1 Many of the issues have been reported over 2022/23 reflect the kind of situations which can occur from time to time in a large care organisation, but we take each one seriously, and take steps to address both the individual situation of the complainant and any wider issues about systems, training and guidance which are raised, as the table below describes in general terms.

Key Themes	Responses to upheld complaint
Delays e.g. to arranging a service, appointment, or assessment	Set up service, appointment or assessment at the earliest practicable time and apologise. Issue addressed through individual or team supervision as appropriate.
Communication e.g. lack of response to phone calls	Apology given. Ensure individual and team, as appropriate, comply with existing communication policy. Individual supervision and training as appropriate.
Staff attitude e.g. failure to handle a difficult situation sensitively	Apology given. Issue addressed through individual or team supervision and training as appropriate.
Quality of service provision e.g. treatment which caused poor outcomes or homecare provision that was of poor quality	Apology given. On-going monitoring and review of service quality. Service review through contract team and/or operational management.
Questions about the information in reports or assessments	Factual errors are amended, text clarified as appropriate, and explanations given about outcomes and conclusions.
Processes – especially financial, legal, and poorly understood assessment processes	Restitution/refund or waiving of charge if appropriate. Emphasis on explaining matters. Review any financial arrangements to make sure that they are correct.

	<p>Advice/signposting especially in respect of court matters and how adult social care work relates to this. On-going monitoring of effectiveness of processes.</p>
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3.2 Where complaints have been resolved relatively quickly and satisfactorily the common factor is the most appropriate manager making early contact with the complainant, often face to face, and taking prompt action to resolve matters. It is important to listen and to acknowledge people’s experiences; and to apologise as appropriate.

3.3 Listening to the views and experiences of the people who use our services and of carers is extremely important, but what is more important is how we respond to this.

3.4 The following section provides a selection of ‘thumbnail’ portraits by subject matter in the key areas of to ‘disagreements’, ‘communication’ and the ‘standard of service provision’ to illustrate the actions taken to resolve complaints and improve services where they were upheld, or party upheld.

Key complaint categories for complaints responded to over 2022/23 are ‘Standard of service provision’, ‘Communication/information’, and ‘Disagreement with decisions’. Taken together these complaints suggest, irrespective of outcomes, that services are not always meeting the expectations of some service users, their families, and carers; and that this is, in part, due to perceived issues around quality and, in part, due to service users and their families and carers not knowing what to expect.

Over 2022/23 work has been carried out with all service areas to make sure that all relevant staff are clear about their role and the expected standards; and that appropriate information is being communicated to service users, their families, and carers at the right time, especially about charging and the recording of such. We will monitor our complaints over 2023/24 to determine the degree to which this work has affected the key categories.

3.5 Communication/information:

- 1. A family member complained about the service user’s homecare provider, that carers were not staying for the full time or completing the tasks required. They were also unhappy about a seemingly rude email received from a member of office-based staff. On investigation, it was found that carers were completing the tasks that the service user allowed them and that there were occasions when the service user asked the carer to leave before the end of their allotted time. In respect of how this affected charges, it was found that the service user’s maximum charge was low and well under the amount of care that was being provided. In respect of the email, the member of staff had apparently meant to send it to the care manager and an apology was given for this mistake. The care provider manager arranged for herself and another senior member of staff to be this family member’s point of contact.**

- 2. A family member complained about his mother's discharge arrangements to a care home, in particular, that an information pack had not been shared. He was concerned about his mother's contribution towards her services and about 'top-ups'. On investigation no evidence was seen to show that an information pack had been provided. An apology was given. In addition, it was also found that the care home in question hadn't signed up to the Council's 'Short Term Discharge Placement' (STDP) agreement which meant that they could legitimately charge a 'top-up' after the temporary NHS funding (interim health funding) ended, something both the family and care manager were unaware. To prevent recurrence, the vacancy list that is shared between the commissioning and adult social care teams was clarified to show whether a care home was charging 'top-ups' for STDPs or not. The family's member's concern that his mother had been incorrectly charged was not upheld.**
- 3. A family member complained about her experiences of communication with her mother's care manager, in respect of charges and general communication. On investigation it was found that the service user moved from a NHS funded, block-booked bed in a care home to an adult social care funded care residential bed in another care home. Unfortunately, it appears the allocated worker referred to the bed being 'funded' which caused some upset when the invoice was sent. In respect of communication more generally, it was found that the allocated worker had changed three times over a comparatively short period of time (with good reason), and that the resulting communication with the service user and their family hadn't been as good as the service would have wanted. An apology was given for the faults found.**

3.6 Disagreement with decisions:

- 1. A service user complained about the decision to refuse her a ramp to her home. On investigation, it was found that the individual member of staff who handled the original request had misunderstood the assessment guidance that the request should have still been put through for assessment. The relevant senior occupational therapy manager liaised with the relevant service who took steps to prevent recurrence, and an occupational therapist was allocated and asked to see the service user as a priority. An apology was also given.**
- 2. A family member complained about the decision to offer homecare, not residential care, as had been hoped. On investigation, it was found that there was sufficient doubt about the client's mental health to look again at the client's eligibility for services and to make a new decision. An apology was offered.**

3.7 The standard of service provision:

- 1. A family member raised some concerns about the adult social care team's involvement in their mother's discharge. On investigation, it**

was found that staff had followed due process throughout although an apology was given for the way two members of staff came across to family during a meeting when they were describing the outcome from earlier discussions with the service user. The issue at hand was seemingly minor but it was important to the family. Both members of staff reflected on their communication and used this experience to inform their future practice.





2. A family member complained that the care and support package hadn't kept up with his wife's changing needs and private care had been bought to address this. On investigation it was found that reviews had been carried out appropriately and the service user's direct payment adjusted to take into account any increases in care required. However, it didn't appear that the couple had fully understood how charges applied in this case and this was explained in some detail with an apology given.
 3. A family member complained about the quality of input being provided to the service user and whether they were able to live at home safely. On investigation, it was found that a number of concerns met the safeguarding adults standard, and the investigating manager shared the sense of concern about the service user's ability to manage safely. An apology was offered, and the service user was referred on to a social worker for a full assessment.
 4. A family member complained about a lack of input when the allocated member of staff went off poorly. On investigation, it was found that the case was reallocated to duty, but this was not explained, and that there was then a delay allocating the case to another member of the team. An apology was given and the reasons for delay explained and addressed.
 5. A family member complained about the service user's homecare provider, that carers were not staying for the full time or completing the tasks required. They were also unhappy about a seemingly rude email received from a member of office-based staff. On investigation, it was found that carers were completing the tasks that the service user allowed them and that there were occasions when the service user asked the carer to leave before the end of their allotted time. In respect of how this affected charges, it was found that the service user's maximum charge was low and well under the amount of care that was being provided. In respect of the email, the member of staff had apparently meant to send it to the social worker and an apology was given for this mistake and for its contents. The care provider manager arranged for herself and another senior member of staff to be this family member's point of contact.
- 3.8 In respect of carers, we make sure the senior manager who leads on carers issues is kept informed about relevant complaints from the outset.
- 3.9 In respect of independent providers, the complaints team works closely with the contracts and commissioning team and shares all complaints and outcomes with them – this information helps inform the regular monitoring

and other work that that team undertakes with providers contracted to the Council.

- 3.10 In respect of learning from complaints decided by the Local Government and Social Care Ombudsman, one decision led to a revision to the 'risk to staff' process.**

4.0 Adult social care and CHC complaints looked at by the Ombudsmen

- 4.1** It is the right of all complainants to ask the appropriate ombudsman to consider their complaint at any point if they remain dissatisfied. It is usual for the ombudsman to ask the complainant to exhaust local procedures before getting involved.
- 4.2** The Local Government and Social Care Ombudsman (LGSCO) considers complaints about adult social care. The Parliamentary and Health Service Ombudsman (PHSO) considers complaints about care funded by the Clinical Commissioning Group – Northumberland. Where a complaint relates to both adult social care and health, it is considered by the Joint Team.
- 4.3** Although every reasonable effort is made to resolve matters, we direct the complainant to the relevant ombudsman should they remain dissatisfied in every final complaint response letter.
- 4.4** The table below gives the numbers of investigation decisions received over the past three years. Historically, we have found that around 6 to 8 complainants ask the LSCGO to consider a complaint that adult social care has tried to resolve, although more recently this average has increased.

Decisions	2020/21	2021/22	2022/23	Trend
LGSCO	6	9	9	
PHSO	0	1	0	
Joint Team	0	2	1	
Total	6	12	10	

- 4.5** Over 2022/23 we received lower numbers for adult social care than the previous year, although higher than the historical average. A rise in complaints to LGSCO is in part likely due to higher expectations of services; and in part because service users are expected to contribute (more) towards the cost of their care, and this is an underlying issue in many complaints. In addition, it can also be an indication of the quality of the relationship that the complainant has with the Council.
- 4.6** Please note, of decisions made over 2022/23, LGSCO made two, not shared directly with the Council, to give advice (only); and a third decision when LGSCO decided that they were not the appropriate body to deal with the issues. Despite these decisions, we continue to monitor the apparent increase in the numbers of people approaching LGSCO to determine whether any changes to complaints handling or to service delivery are needed.
- 4.7** Analysis suggests that during the complaints resolution process we are able to recognise where we have got things wrong and to take appropriate

remedial action. This is evidenced by a number of LGSCO's decisions. For example, in the first complaint in the table on the following page, in their final decision report LGSCO said, "I am satisfied with the action taken by the Council already to improve its practice [...] For this reason, I do not make any further service improvement recommendations".

- 4.8 Please note that in recent years the LGSCO has changed their focus and will highlight any faults in the original case handling over how effectively we investigated and remedied the issues raised. The LGSCO is the final stage in the complaints process and there is no appeal except through judicial review.
- 4.9 We always comply with the recommendations LGSCO has made, to put things right for the complainant and/or to improve our services, as appropriate. LGSCO has said "[the Council] continues to perform well compared to similar organisations" (from the Annual Ombudsman Complaint Report 2022/23 issued in July 2023).
- 4.10 Almost all the decisions LGSCO make are available to read on their website:
<https://www.lgo.org.uk/information-centre/councils-performance>
- 4.11 The following pages summarise the outcomes from those Northumberland adult social care complaints considered by LGSCO in 2022/23. Please note those decisions where the LGSCO considered the complaint 'premature' or that they are the appropriate body to deal with the issues, are not routinely shared with the Council but are noted on the table below.

Summary of complaint	Summary of ombudsman's final decision
Adult services	
<p>20014396 Mr X and his parents, Mr and Mrs Y complained about the Council's failure to ensure adaptations to their property, funded by a Disabled Facilities Grant, were carried out to an acceptable standard and related matters.</p>	<p>The Ombudsman found the Council to be at fault because it did not properly record variations to the Schedule of Works. The Council agreed to apologise for the frustration caused to the complainants. They did not identify any other areas of fault. The Ombudsman is unable to interfere with the Council's professional assessment that the overall standard of the adaptation was acceptable.</p> <p>All actions satisfactorily completed.</p>
<p>21011766 Mr X complained that the Council stopped providing him with support in February 2021 despite his ongoing need for help to manage his home and finances.</p>	<p>The Council was at fault for ending its support of Mr X without warning and without considering referring him to an advocate. The Council has agreed to apologise to Mr X, pay him [a sum of money] and take action to improve its service.</p> <p>All actions were satisfactorily completed. The action to improve the Council's services included a revision to the 'risk to staff' process; and all senior and team managers were reminded about the process.</p>
<p>21018793 Mrs X complained the Council failed to advise her that respite care for her husband's residential care was chargeable.</p>	<p>After consideration of the information provided by the Ombudsman, the Council offered to waive the respite care charges. The Ombudsman discontinued their investigation because the Council's offer resolved the outstanding issue.</p>

<p>22002090 A Joint Team investigation – only the elements relevant to the Council are recorded here.</p> <p>Ms A complains about the care and treatment of her late brother. That the Council failed to provide appropriate support for Mr B and failed to properly manage safeguarding processes about Mr B.</p>	<p>There would have been limits to what each of the services involved in Mr B's life could have done to improve his situation. He lived independently and, seemingly, had the mental capacity to make his own choices about who he associated with and how he lived his life. However, when viewed together, the combined impact of the failings in Mr B's care throughout this time it notable. Collectively, had services responded more appropriately to Mr B's situation, in a more timely manner, he may have responded more positively. This in turn could have led to more regular engagement, better relationships and this could have led to changes which would have reduced the stress, frustration and upset Mr B often experienced. However, there are too many variables and unknowns to be able to do anything more than speculate about this.</p> <p>The combined faults of the Council [and the other NHS bodies] have left Ms A with considerable, understandable, uncertainty and distress about lost opportunities. This is an injustice to her. In each of the organisations' responses to the complaint they have acknowledged this uncertainty, and the possibility that Mr B may have lost out on support which would have been helpful. Viewed alongside the services' openness about their individual failings, and the steps they have taken to prevent recurrences, these acknowledgements are a proportionate response to the injustice. As such, the Ombudsman did not recommend any further action.</p>
<p>22004685 No information available.</p>	<p>Referred back for local resolution (Premature Decision - advice given)</p>
<p>22005097 No information available.</p>	<p>Advice given. The body complained about is not in the Ombudsman's jurisdiction.</p>

<p>22005146 Mrs X complained on behalf of her late father-in-law, Mr Y, about the care he received in a care home. She said he suffered from dehydration and malnutrition whilst in its care; and the care home did not recognise he had pneumonia or call a GP when he was unwell.</p>	<p>The Ombudsman did not investigate this complaint about a care home. The Ombudsman is satisfied the Care Provider has properly considered Mr Y's care records and investigated the complaint. The Ombudsman can't say Mr Y suffered malnutrition, as his weight remained in a health BMI range. The Care Provider said that Mr Y's wife had alerted staff to him being unwell one weekend. It said the nursing staff completed observations and contacted the out-of-hours GP service for advice. The on-call GP decided a visit was not necessary. The Care Provider has made service improvements around communication with family and case recording as necessary. The Ombudsman could not add anything further to its investigation and further investigation would not lead to a different outcome.</p>
<p>22007702</p>	<p>Referred back for local resolution (Premature Decision - advice given).</p>
<p>22007769 Mrs B says the Council has failed to pay for residential placements it contracts with them to provide care to residents on its behalf. Mrs B says the Council says it will look into the matter but then fails to follow it up. Mrs B says they have to chase the Council for money it should pay routinely and its failure to do so places residents at risk of eviction.</p>	<p>The Ombudsman would not normally investigate matters about contractual matters but in cases where the Council's failure to pay for placements it contracts with a Care Provider places a resident in jeopardy and puts them at risk of eviction, they may consider it further. However, in this case the Council has confirmed there are no outstanding payments owed and agreed to clarify this with the Care Provider. The Council's actions have not caused residents in the homes a significant enough injustice to warrant an Ombudsman investigation.</p>

22002250

Mrs D complains about a contract for home improvements in 2014.

The Ombudsman logged this complaint under the category of 'Housing' although the responsible service, from the Council's perspective sits within 'Adults, Ageing and Wellbeing'.

Mrs D signed a contract for home improvements with a contractor in 2014. She wrote to the Council in 2020 complaining about the contract and that works had not been done correctly. The Council explained it could not investigate her complaint because it was made too late. It did, however, offer to assist her outside of the complaints process. It acted as a go-between with the contractor. Subsequently the contractor offered a remedy to Mrs D which she refused.

Mrs D complains about events that took place in 2014. The Ombudsman saw no basis to warrant investigation of those matters. The Ombudsman expects a complaint to be made within 12 months. The Council has also applied its 12-month rule to the complaint.
















In addition, the main source of the complaint is not the Council because it has no contractual role. Mrs D has the option to pursue the dispute with the actual contractor through the courts. The Ombudsman would expect her to use that route.

5.0 Adult social care enquires received in 2022/23

- 5.1 The Complaints Service also responds to a number of ‘enquiries’ from service users, carers, families, and members of the public and which relate to adult social care services.
- 5.2 Enquiries can escalate into complaints if they are not dealt with satisfactorily or in a timely manner. At first contact the Complaints Service provides or arranges answers or explanations to resolve the issues raised.
- 5.3 Typically, enquiries managed by the complaint service are contacts from members of the public, including the children, young people or adults who use our services, who may wish to complain but we can deal with their concerns immediately; or from people who have a specific question about our services; or from people who are not sure who to contact or who believe we are the responsible body.
- 5.4 In the course of 2022/23, 216 enquiries were recorded by the team that related to adult services. This continues the noticeable increase over the past two years. Please note the numbers of enquiries during 2020/21 was lower than expected by around a fifth based on the previous three years, likely due to the pandemic.
- 5.5 The majority of these enquiries related to our services and were dealt with directly by the team. These included instances where issues could be signposted elsewhere so that the person was put in touch with expert staff. Sometimes service users contacted us to make comments or suggestions which were passed on to relevant services or used to help improve services.
- 5.6 The table below notes the enquiries received by service area:

Enquiries received	2020/21	2021/22	2022/23	Trend
Adult social care	96	154	216	↑

Enquiries by service area	2020/21	2021/22	2022/23	Trend
Adult social care teams	52	69	128	↑
Complaints team	0	2	2	→
Continuing healthcare	7	11	8	↓
Contracts & commissioning	6	0	0	→

Finance	14	17	16	
General	0	2	0	
Home improvement service	3	3	1	
Independent social care providers	2	11	15	
In-house residential care	1	0	0	
Joint equipment and loan service	0	0	1	
Northumberland Communities Together	0	0	1	
Occupational therapy	4	13	9	
Onecall	0	3	0	
Other Council service areas	0	3	13	
Other NHS	5	6	10	
Safeguarding adults	1	12	8	
Self-directed support team	1	2	0	
Short term support service	0	0	4	
Total	96	154	216	

5.7 Each enquiry can take anything from a matter of minutes to several hours to complete. Many enquiries are dealt with over one to two working days.

5.8 Some enquiries contain information that was handled under the adult multiagency safeguarding procedures, especially information relating to

independent providers. In these cases, we let the enquirer know that they should contact the complaints team after the safeguarding process is complete if they remain dissatisfied with the outcomes.

- 5.9** Analysis suggests that the increase of enquiries is related to most people making contact with the right organisation first time when they have a query or concern. This suggests that our complaints publicity is effective. However, the noticeable increase in contacts may also be the result of organisational changes within adult social care during 2022/23 and we anticipate that these should reduce over time.


















6.0 Adult social care compliments received in 2022/23

- 6.1 Adult social care receives considerably more compliments from people who use our services, their carers, and families than complaints. Compliments are a way of confirming that by and large we are doing a good job.
- 6.2 Collectively, the compliments we receive are mainly about how helpful, kind, and professional staff have been; or about the quality of the services we commission or provide. Staff are encouraged to acknowledge compliments especially when people have taken the time and trouble to write at what may have been very difficult periods of their lives, including end of life care.
- 6.3 In 2022/23 adult social care received 536 compliments from members of the public although we are very aware that staff receive kind words verbally from the people who use our services, their families, and carers on a daily basis.
- 6.4 As part of our on-going work in adult social care, to monitor how well our contracted providers are performing we ask them to report both complaints and compliments each quarter.
- 6.5 Overall, adult social care compliments have increased over the past year and continuing healthcare compliments have decreased. Analysis suggests that the decrease in continuing healthcare compliments is likely the result of work pressures for independent providers and their focus on core business post pandemic, rather than a reduction in quality, and this is borne out by the reduction in complaints reported by independent providers.
- 6.6 The table below shows the number of compliments received over the past three years:

Compliments received by	2020/21	2021/22	2022/23	Trend
Adult social care	536	399	536	↑
CHC	157	188	138	↓
Total	693	587	674	↓

- 6.7 The two tables below show the compliments received by service area over the past three years:

Compliments by service area	2020/21	2021/22	2022/23	Trend
Adult social care teams	74	36	88	↑
Brokerage	0	3	0	↓

Complaints Service	2	1	1	
Enquiry referral coordinators	0	1	4	
Finance	2	1	6	
Home improvement service	0	0	73	
Home safe	8	4	16	
Horticultural unit	0	0	3	
Independent providers*	334	286	232	
Independent providers**	0	4	12	
In-house care home	0	0	2	
In-house day services	1	8	14	
Joint equipment and loan service	3	0	20	
Occupational therapy	31	27	33	
Onecall (single point of access)	22	0	0	
Risk & independence team	1	0	7	
Safeguarding adults' team	1	1	0	
Self-directed support team	1	1	0	
Short term	56	25	24	

support service				
Wardens	0	0	1	↑
Welfare rights	0	1	0	↓
Total	536	399	536	↑

***Reported by providers**

****Reported directly to the Council**

CHC compliments*	2020/21	2021/22	2022/23	Trend
100% NHS funded packages	68	93	63	↓
Part NHS funded packages	89	95	75	↓
Total	157	188	138	↓

***Reported by providers**

7.0 Advocacy for adult social care and CHC complainants

- 7.1 In respect of advocacy for people wishing to make an adult social care complaint, the Complaints Service is always mindful that on occasion the use of an advocate may be a constructive way to support the complainant to achieve a positive outcome from their complaint. Advocacy is not a right under the regulations for adult social care complaints.**
- 7.2 The Complaints Service can access advocacy for adult social care complaints from local providers as necessary and with the agreement of the complainant. Decisions are made on a case-by-case basis. Please note that many complaints about adult social care come from a family member or family friend on behalf of the service user. In each case we ask for the service user's consent unless they lack the mental capacity to make a complaint in their own right; in these cases, we make a best interest decision.**

CHC complaints

- 7.3 In respect of advocacy for people who wish to make a complaint about CHC funded care packages the complainant has a right to advocacy if they so choose and we signpost people to the relevant contracted provider.**

Other information

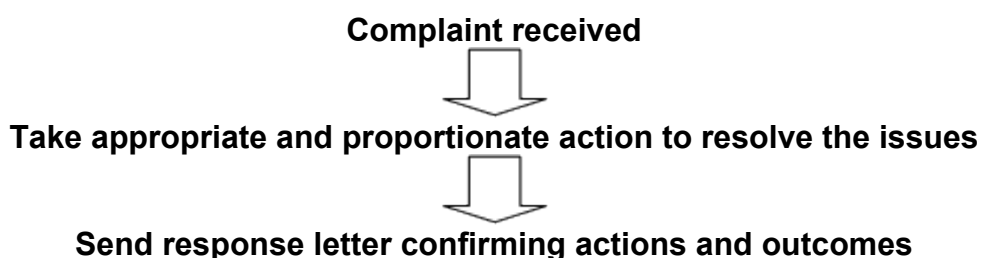
- 7.4 Over 2022/23, the Complaints Service hasn't needed to use advocacy. In respect of the CHC complaints, the offer of advocacy wasn't pursued.**
- 7.5 In general terms and irrespective the different advocacy arrangements in place the Complaints Service considers how to meet the varying needs of complainants on a case-by-case basis making reasonable adjustments as appropriate. This is particularly important in relation to complainants whose first language is not English and those with communication difficulties.**

8.0 Conclusions and future plans for adult social care complaints

- 8.1 We continue 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 makes a complaint, and where possible aiming to resolve things at an early opportunity.**
- 8.2 We also continue to learn lessons, to make changes to improve things for individuals and their families, and to draw on what we learn to improve our services more generally.**
- 8.3 Over the coming year, 2023/24, we will continue to deliver a framework developed to improve complaint handling. This includes considering a range of different ways to use complaints as a positive learning tool and the introduction of a bespoke case management system which we hope to have in place during 2023/24. An improved range of management reports will then be available to ensure compliance with service levels whilst analysis reports will provide statistics and trend analysis to aid service improvement.**
- 8.4 We will continue to focus on handling enquiries promptly to try to prevent unnecessary escalation and dissatisfaction.**
- 8.5 We will also continue to support managers in resolving complaints at a local level and in a timely manner by help in individual cases and complaints training as appropriate.**
- 8.6 Overall, we have had a positive year with many compliments received and enquiries dealt with at an early stage. We have successfully resolved most of the issues raised locally even when we have not been able to agree with the complainant's perspective. However, we always speak to people to hear their views and take their concerns very seriously. We are committed to improving our services and continue to receive support from staff and managers throughout the organisation in our day-to-day work.**
- 8.7 For further information about this report or adult social care and CHC complaints, please email the Complaints Manager for Adult Social Care Complaints james.hillery@northumberland.gov.uk**

9.0 Appendix 1: How we handle individual adult social care and CHC complaints

- 9.1** We work to the principle in that all feedback is welcomed, is taken seriously, complaints are investigated thoroughly, and a response provided in a timely manner. We aim to learn lessons from all feedback and utilise findings to influence and improve services going forward.
- 9.2** The adult social care the 2009 complaints regulations require us to send an acknowledgment to the complainant within 3 working days. The regulations also say we must “investigate the complaint in a manner appropriate to resolve it speedily and efficiently”. The process should be person-centred with an emphasis on outcomes and learning.
- 9.3** To this end when we receive a complaint and in discussion with the complainant and the service, we develop a ‘resolution plan’ which may be refreshed as required.
- 9.4** The action we take to resolve a complaint should be appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity, or sensitivity of events. The officers tackling the complaint should not feel limited about the actions they can take but they should avoid lengthening the process. For example, a well-meant apology or an opportunity to meet and discuss the issues may suffice. Alternatively, the complaint may warrant a ‘formal’ investigation. Whatever the case we should always speak to the complainant to understand their experience and to ask them what they would like us to do to put things right. We should also keep them informed of progress and of any findings throughout their complaint.
- 9.5** The process ends with a final written response from the appropriate manager in which the complainant is directed to the Local Government and Social Care Ombudsman should they remain dissatisfied with how we have handled their complaint or with our findings.
- 9.6** While there are no statutory timeframes, we aim to resolve complaints within 20 working days where practicable. Of the complaints responded to over 2019/20, 55% (35 of 63) were dealt with within 20 working days across adult social care and CHC complaints; and all were provided within the timeframe agreed with the complainant.
- 9.7** Our adult services process can be summarised as follows:



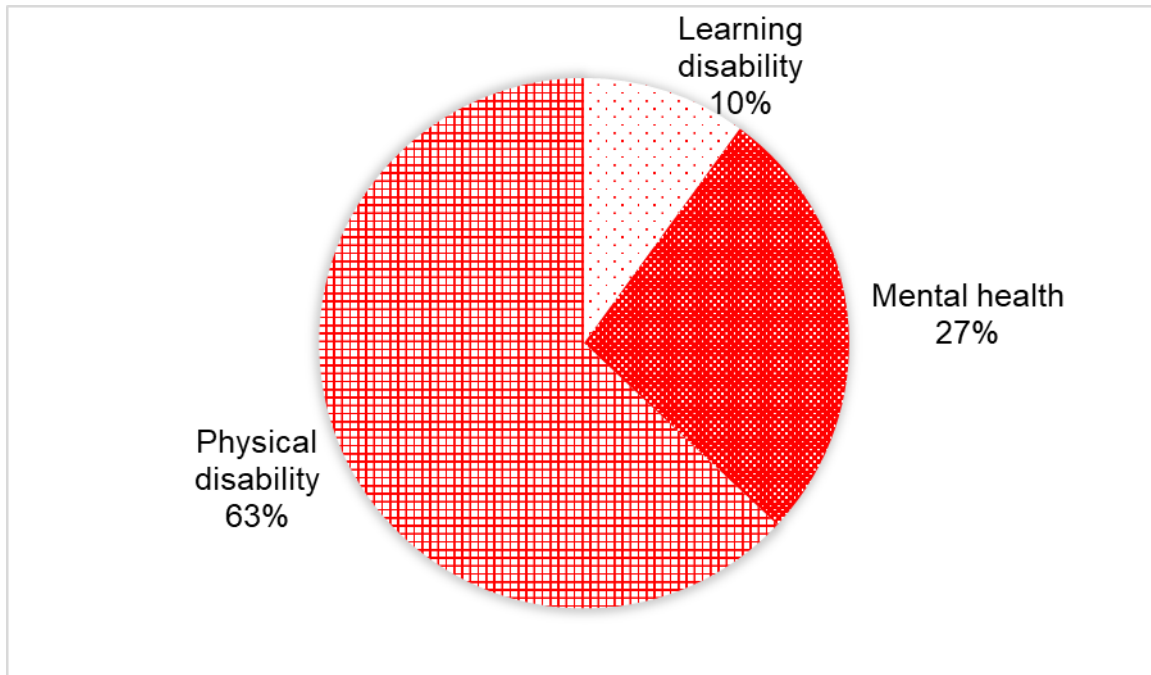
- 9.8** Apologising is usually appropriate even if only because the person feels they have had a bad experience or because they felt strongly enough about their

experience that they felt moved to make a complaint. The Scottish Public Services Ombudsman says, “A meaningful apology can help both sides calm their emotions and move on to put things right. It is often the first step to repairing a damaged relationship. It can help to restore dignity and trust. It says that both sides share values about appropriate behaviour towards each other and that the offending side has regrets when they do not behave in line with those values.”

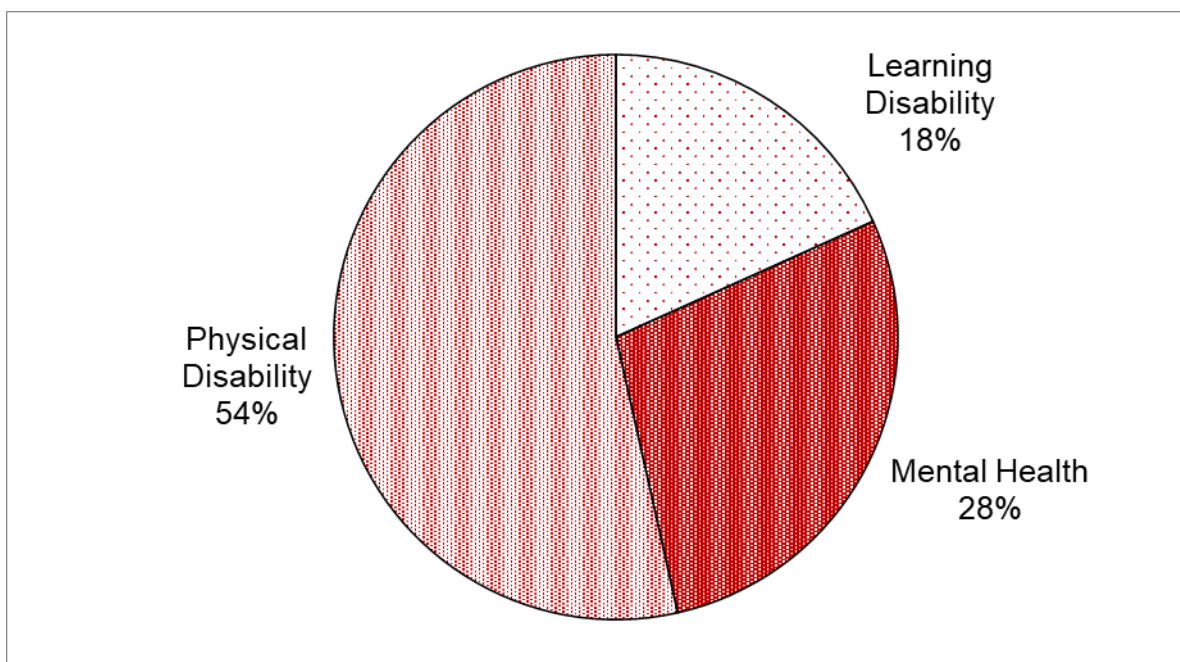
10.0 Appendix 2: Equalities Information

10.1 The following equality data is based on 30 complaints responded to over 2022/23. The pie charts show proportions, first by complaints, then by adult social care overall, for 'category' then 'gender'. The numbers of complaints responded to are comparatively very small and no conclusions can be drawn although we continue to monitor the situation.

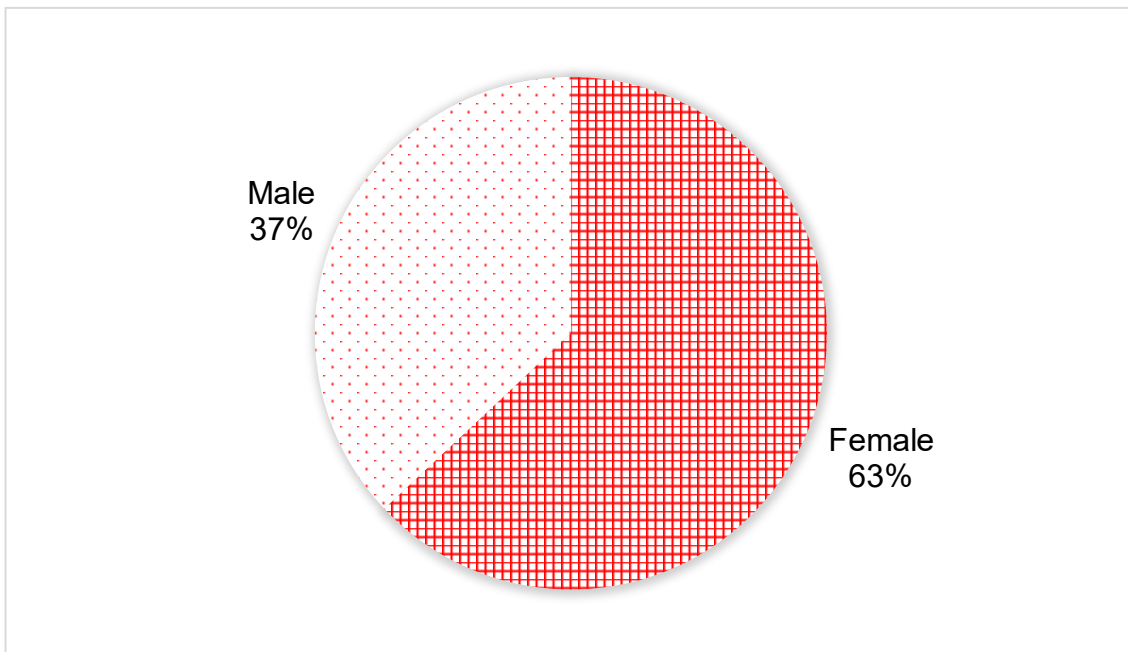
- Responded to complaints by client category



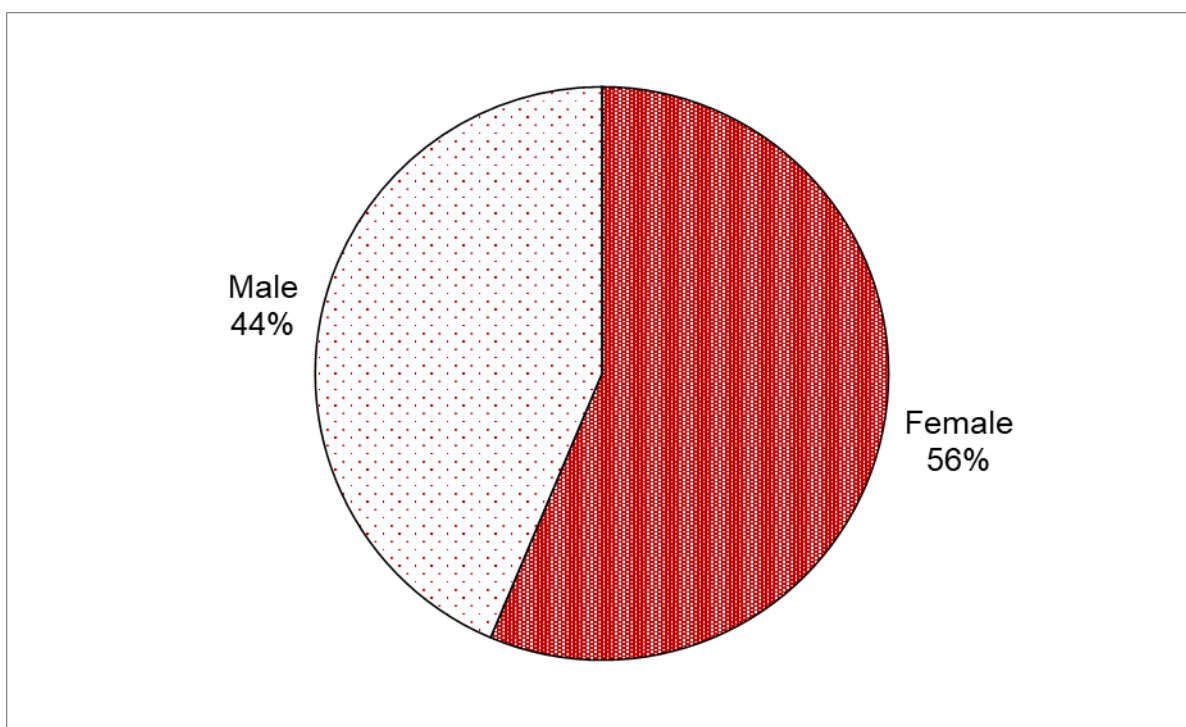
- Adult social care by client category



- Responded to complaints by gender



- Adult social care by gender



10.2 The tables below provide equalities data by ethnic group then by age, with the overall adult social care data alongside the complaints data for responded to complaints. As noted above, the numbers of complaints responded to are comparatively very small and no conclusions can be drawn although we continue to monitor the situation.

- Responded to complaints by client ethnic group

Ethnic Group (Headline categories taken from the 2011 Census)	No. of Clients (December 2022)	% of total	% in N'land Population (Census 2011)	Complaints
White	7,181	96.7%	98.4%	100%
Asian / Asian British	38	0.5%	0.8%	0%
Black / African / Caribbean / Black British	6	0.1%	0.1%	0%
Mixed / multiple ethnic groups	22	0.3%	0.5%	0%
Any other Ethnic Group	12	0.2%	0.1%	0%

- Responded to complaints by age

Age Range	No. of Clients	% of total	No. of complaints	% of total
Under 18	39	0.5%	0	0%
18-24 years	407	5.5%	0	0%
25-44 years	1097	14.8%	5	16.7%
45-54 years	614	8.3%	2	6.7%
55-64 years	795	10.7%	7	23.3%
65-74 years	980	13.2%	2	6.7%
75-84 years	1657	22.3%	5	16.7%
85+ years	1839	24.8%	9	30.0%

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Northumberland County Council

Health and Well-being Board

Thursday, 9 November 2023

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

Report of Councillor(s) Cllr Veronica Jones, Cabinet Member for Improving Public Health and Wellbeing

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

1. Link to Key Priorities of the Corporate Plan

This report is relevant to the following priorities in the NCC Corporate Plan 2023-26:

- **Achieving value for money:** Taking forward a community strengths and asset-based approach that supports development and builds resilience within our communities will mean our residents have effective and locally accessible opportunities in their communities. This will enable people to have access to the right opportunities and support for them at the right time and in the right place.
- **Tackling Inequalities:** Building on the existing strengths within our diverse and vibrant communities and working collaboratively to increase capacity and resilience, enables us to connect and mobilise our community assets, helping people and communities to recognise where they can optimise their ability and how they can act on this.
- **Driving Economic Growth:** Building on existing strengths and community assets and the connections within and between communities will enable our communities to be more connected and resilient and will enable residents to have access to diverse opportunities in their local communities and across Northumberland.

2. Purpose of report

To update Health and Wellbeing Board on progress on actions within Northumberland Joint Health and Wellbeing Strategy 2018 - 2028 (JHWS) Empowering People and Communities Theme.

To review this theme and propose amendments to priorities, actions and indicators to measure progress for the remaining period of the strategy 2023 – 2028.

3. Recommendations

Health and Wellbeing Board is recommended to:

- Consider and comment on the mid-term progress described in this report.
- Consider and agree proposed amendments outlined in this report.

4. Key Issues

Empowering People and Communities is one of four key themes in Northumberland Joint Health and Wellbeing Strategy 2018 – 2028 (JHWS). The theme outcome is that *people and communities in Northumberland are listened to, involved, and supported to maximise their wellbeing and health*. This report is a mid-point review of this theme.

Health and Wellbeing Board assigned Elected member and officer leads for each JHWS theme (July 2022). The member lead for this theme is Councillor Caroline Ball, Director Sponsor is Gill O'Neill, Executive Director of Public Health, Inequalities and Stronger Communities and NCC officer lead is Karen McCabe, Senior Public Health Manager.

The Voluntary, Community and Social Enterprise Sector (VCSE) Task Force for Northumberland Inequalities Plan carried out this review.

Northumberland progress, over time, against several national indicators aligned to this theme worsened, however this is also the case for North East and England averages. To date, Northumberland performed better than North East average for all indicators.

Whilst important in enabling understanding of how Northumberland is performing, over time, and in comparison, to other areas, there are limitations in using national indicators to measure and reflect progress for this theme.

The most recent data available for indicators aligned to this theme is 2021/22. The currency of data is particularly relevant to this report as indicators reflect peoples' perspectives of empowerment, sense of control, resilience, and wellbeing. Perspectives from 2021/22 could reflect perspectives influenced by COVID-19 or pandemic measures such as lockdown and self-isolation.

COVID-19 and Storm Arwen exacerbated existing inequalities however, they also highlighted the resilience, capacity, assets, and sense of connectivity within and across Northumberland communities.

This theme highlights the role of community-centred approaches, asset mobilisation and social connectedness in enhancing individual and community capabilities, creating healthier places, and addressing inequalities. Since 2018, a system wide commitment to embed this approach has been taken forward, by multiple partners at strategic, system, organisational and place-based levels to realise the ambition of this theme.

Because of the richness, scale and diversity of actions developed and the multiplicity of partners, collating granular level data is problematic. This report, instead, highlights **some** system enablers in place, at this mid-term point, which are driving the culture shift needed to enable community-centred, strengths-based approaches to develop at scale.

Whilst the overarching intention of the Empowering People and Communities theme remains relevant, the system landscape in Northumberland and the framing of community-centred, strengths-based approaches has moved on since the JHWS was originally written. A key driver being Northumberland Inequalities Plan 2022 - 2032.

This review proposes that, rather than remaining a key, distinct theme within the JHWS, ‘empowering people and communities’ transitions to become a cross-cutting, enabler; an approach and methodology, a common way of working, that underpins delivery of the other three key JHWS themes for the remaining period of the strategy.

Amending the JHWS in this way reflects the long-term system commitment that is central to embedding culture change and developing different relationships and ways of working that are key to delivery of Northumberland Inequalities Plan 2022 - 2032.

In shifting the focus of ‘empowering people and communities’ in this way, it is important that the fundamental priorities and principles are not lost or diluted. Many of the longer-term outcomes of building community resilience and embedding community-centred, strengths-based approaches will be reflected within the long-term quality of life and healthy life expectancy outcomes for the other three key JHWS themes.

If the amendments set out in this report are agreed, it is proposed that the VCSE Task Force work with JHWS Theme Leads and representatives from the other three themes to determine objectives and metrics that enable these themes to demonstrate progress and the impact of embedding community-centred, strengths-based approaches within the scope of their priorities over the remaining term of the strategy 2023 – 2028.

5. Background

5.1 Empowering People and Communities Theme JHWS 2018 – 2028.

Community life, the places where people live, social connections and having a voice in local decision making, are vital to health and wellbeing. Conversely, feeling isolated or powerless is damaging to physical and mental wellbeing. Building healthy, resilient, connected, and empowered communities is important to improve population health and a strong evidence base underpins person and community-centred approaches.¹

Empowering People and Communities is currently one of the four key themes within Northumberland Joint Health and Wellbeing Strategy 2018 – 2028 (JHWS). The outcome for this theme is that *people and communities in Northumberland are listened to, involved, and supported to maximise their wellbeing and health.*

In 2018, three priority areas were outlined:

- Ensure that partners, providers, practitioners, and the systems they work in promote and encompass a ‘More than Medicine’ approach.
- Provide people and communities with access to networks and activities which will support good health and resilience.
- Support people to gain the knowledge, skills, and confidence they need to be active partners in managing and understanding their own health and healthcare.

¹ [Community-centred public health: Taking a whole-system approach \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The JHWS acknowledges that in taking forward this theme a shift in culture is needed to enable new and different ways of linking with and working with our communities. Five areas for action were proposed as potential examples that could demonstrate implementation and progress for this theme.

5.2 Review of the Empowering People and Communities Theme.

The JHWS includes a mid-term review to provide assurance that theme priorities remain current and reflect the position, approach, and wider priorities across Northumberland.

In May 2023, it was agreed that the Voluntary, Community and Social Enterprise Sector (VCSE) Task Force for Northumberland Inequalities Plan would take ownership of the review of this theme. This group is also one of the Thriving Together Networks,

The VCSE Task Force includes representatives from the VCSE sector across Northumberland and wider Thriving Together Networks, Thriving Together, Northumberland County Council (NCC) Public Health and NCC Specialist Services Poverty Lead.

A Task and Finish group was set up to undertake this review. Two in-person workshops took place supported by online consultation/reflection outside workshop times.

This review:

- Sets out mid-term progress against national indicators aligned to this theme
- Highlights mid-term progress on the proposed potential areas for action
- Reflects on the impact of external factors, including COVID-19 and the cost-of-living crisis on the ambition for this theme.
- Proposes, amended priorities that reflect the current system landscape and the terminology and language of community-centered, strengths-based approaches
- Proposes that, rather than remaining a key, distinct theme within the JHWS, 'empowering people and communities' transitions to become a cross-cutting, enabler; an approach that underpins delivery of the other three key JHWS themes for the remaining period of the strategy 2023 - 2028.

5.3. Mid-term progress against national indicators aligned to this theme.

The following tables show the most recent data demonstrating progress against the national indicators aligned to this theme.

Table 1. Social care-related quality of life score

This measure gives an overarching view of the quality of life of users of social care. It is a composite measure combining individual responses to questions from the Adult Social Care Survey covering eight domains; control, dignity, personal care, food and drink, safety, occupation, social participation, and accommodation. The measure provides a social care related quality of life score averaged across those who responded to the Adult Social Care Survey.

	Northumberland	North East	England	Trend
2018 / 19	19.2%	19.4%	19.1%	
2021 / 22	19.4%	19.2%	18.9%	No trend data available

Source: Adult Social Care Outcomes Framework (ASCOF)

In 2018/19 the Northumberland average social care-related quality of life score was 19.2%. In 2019/20 this increased (improved) to 19.4%.

In 2021/22, across England, the quality-of-life score was highest in the North East region and lowest in London. The Northumberland score (19.4%) was higher than (an improvement on) the average scores for both the North East and England.

In 2021/22, for this indicator, Northumberland was ranked 15 of the 152 Local Authorities that have responsibility for social care in their localities.

Table 2. Carer reported quality of life

This measure gives an overarching view of the quality of life of carers based on outcomes identified by the Personal Social Services Research Unit. This is the only current measure related to quality of life for carers available. This measure supports some of the most important outcomes identified by carers to which adult social care contributes. It is a composite measure combining individual responses to six questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains; occupation, control, personal care, safety, social participation and encouragement and support.

	Northumberland	North East	England	Trend
2018 / 19	8.4%	8.0%	7.5%	
2021 / 22	8.2%	7.7%	7.3%	No trend data available

Source: Adult Social Care Outcomes Framework (ASCOF)

In 2018/19 the Northumberland average carer reported quality of life score was 8.4%. In 2021/22 this reduced (worsened) to 8.2%.

In 2021/22, across England regions, the overall quality of life score for carers was highest in the North East (7.7%) and lowest in the South West, London and East Midlands regions (7.1%). The Northumberland score (8.2%) was higher than (an improvement on) the average scores for both the North East and England.

In 2021/22, for this indicator, Northumberland was ranked 2 of the 152 Local Authorities that have responsibility for social care in their localities.

Table 3. Delayed transfer of care from hospital, per 100,000 of population.

This measure gives the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer

from hospital for the entire adult population. It is an important marker of the effective joint working of local partners and is a measure of the effectiveness of the interface between health and social care services.

	Northumberland	North East	England	Trend
2018 / 19	3.3%	5.8%	10.3%	
2019 / 20	4.4%	5.9%	10.8%	No trend data available

Source: Adult Social Care Outcomes Framework (ASCOF)

In 2018/19 the Northumberland figure for delayed transfer of care from hospital, per 100,000 of population was 3.3%. In 2019/20 this increased (worsened) to 4.4%.

In both 2018/19 and 2019/20 the Northumberland figures were lower than (an improvement on) both North East and England averages.

Due to the impact of coronavirus (COVID-19), the 'delayed transfer of care' collection of measures has been paused, February 2020 was the latest data collected.

Table 4. Permanent admissions to residential and nursing care homes per 100,000 aged 65+

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. The measure compares council records with ONS population estimates.

	Northumberland	North East	England	Trend
2017 / 18	788	795	586	↓ Decreasing and getting better across all selected geographies
2021 / 22	601	739	584	↓ Decreasing and getting better across all selected geographies

Source: Adult Social Care Outcomes Framework (ASCOF) based on ASC Short and Long Term support (SALT) data returns, NHS Digital

In 2017/18 in Northumberland, the number of permanent admissions to residential and nursing care homes per 100,000 among people aged 65+ was 788. This figure reduced (improved) in 2019/20 to 668. In 2021/22 this figure reduced (improved) further to 601 per 100,000 population.

Between 2017/18 - 2021/22, figures for Northumberland are lower than (an improvement on) the North East average however they are higher (worse) than England average.

In 2021/22, for this indicator, Northumberland was ranked 97 of the 152 Local Authorities that have responsibility for social care in their localities.

Over this timeframe, for this indicator, data for Northumberland, North East region and England averages demonstrate a continuing decreasing (positive) trend.

Table 5. Self-reported wellbeing (people with a low satisfaction score).

People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

	Northumberland	North East	England	Trend
2017 / 18	3.8%	5.0%	4.4%	No trend data available
2021 / 22	5.1%	6.2%	5.0%	No trend data available

Source: OHID Fingertips - Annual Population Survey (APS), Office for National Statistics (ONS).

In 2017/18, in Northumberland, self-reported wellbeing (people with a low satisfaction report) was 3.8%, this increased (worsened) to 6.5% in 2019/20, and reduced (improved) in 2021/22 to 5.1%.

Whilst higher than (worse than) the England average, the 2021/22 figure for Northumberland (5.1%) is lower than (an improvement on) the North East average.

Table 6. People who use services who have control over their daily life.

Control is one of the key outcomes for individuals derived from the policy on personalisation. Part of the intention of personalised services is to design and deliver services more closely matching the needs and wishes of the individual, putting them in control of their care and support. This measure is one means of determining whether that outcome is being achieved.

	Northumberland	North East	England	Trend
2017 / 18	83.6%	80.0%	77.7%	No trend data available
2019 / 20	81.9%	81.3%	77.3%	No trend data available
2021 / 22	80.8%	79.2%	76.9%	No trend data available

Sources:

- 2017/18 OHID Fingertips - NHS Digital, Adult Social Care Outcomes Framework
- 2019/20 OHID Fingertips - NHS Digital, Adult Social Care Outcomes Framework
- 2021/22 Adult Social Care Outcomes Framework (ASCOF)

In 2017/18 in Northumberland, the proportion of people who use services who stated they have control over their daily life was 83.6%. In 2019/20 this reduced (worsened) to 81.9%. In 2021/22 this reduced (worsened) further to 80.8%.

Across this timeframe, the average scores for Northumberland for this measure were higher than (an improvement on) both North East and England averages.

In 2021/22, for this indicator, Northumberland was ranked 25 of the 152 Local Authorities that have responsibility for social care in their localities.

5.3.1 In summary - mid-term progress against national indicators aligned to this theme.

The latest data available across indicators aligned to this theme is for 2021/22.

For most of the national indicators aligned to this theme, no trend data is available.

When comparing data for Northumberland, current available data shows a position for several indicators that has worsened over time. This is also reflected in the current available data, over time, for both the North East and England averages.

Across all indicators aligned to this theme, Northumberland has performed better than North East average. For four of the six indicators Northumberland has performed better than the England average.

Four of the indicators aligned to this theme show ranked comparisons across England Local Authorities that have responsibility for social care in their localities. For three of these four indicators, Northumberland is ranked within the top 17% (ranked 25 or above) of the 152 Local Authorities that have responsibility for social care in their localities. For 'carer reported quality of life' Northumberland is ranked 2 of 152.

5.3.2 The limitations of national indicators in demonstrating local progress.

Whilst it is important to use national indicators to consider how Northumberland is performing over time and in comparison, to other Local Authorities, the North East and to the England average, there are limitations in using national indicators to adequately measure and reflect progress for this theme. These include:

The time lag in publication of national indicators. Whilst this report presents comparisons over time and between Northumberland, other Local Authorities and North East and England averages, the most recent data available for indicators aligned to this theme is 2021/22. Data presented may not be representative of current perspectives.

The currency of data is particularly relevant to this report as the focus of this theme is empowering people and communities. Indicators aligned to this theme reflect peoples' perspectives of empowerment, sense of control, resilience, and wellbeing. Perspectives from 2021/22 could reflect perspectives influenced by the ongoing, immediate, or short-term legacy of COVID-19 or pandemic measures such as lockdown and self-isolation.

National indicators present information at Local Authority level which can mask variation and inequalities. This is relevant to Northumberland where inequalities are experienced across the four domains of inequality (protected characteristics, geographical, socio-economic factors, and inclusion groups).

Data collected within national surveys is compiled from those who complete the survey, it does not provide any insight into those who chose not to participate nor the reasons underpinning this choice. Depending upon the nature of the surveys used, they may not include or under-represent some population groups – e.g. digital inclusion / exclusion.

National indicators provide an incomplete insight into existing community strengths and assets or into the qualitative impact of work undertaken locally by system partners.

5.4. Mid-term progress on existing areas for action in this theme.

In 2018, the Health and Wellbeing Board set out the ambition within this theme to move away from a culture of preventing illness to promoting wellness; and from a culture of 'doing to' people to a culture of 'doing with'.

This theme highlights the role of community-centred approaches that mobilise assets, encourage equity and social connectedness and increase people's control over their health and lives in enhancing individual and community capabilities, creating healthier places, and addressing inequalities.

To demonstrate progress against the priorities set out for this theme, five areas for action were proposed as potential examples for implementation 2018 - 2028, these are:

Develop a Strategy and Action Plan for people-powered wellbeing and health in Northumberland, including standardised measures that support ongoing evaluation.
Work with schools, the voluntary sector and Local Authority departments to identify and develop intergenerational approaches to developing life skills in young people.
Develop a model for asset-based community development approaches across Northumberland including the implementation of a number of demonstrator sites for components of people powered wellbeing and health in Northumberland. An early focus will be the establishment of local area co coordinators.
Work with health and social care providers to implement a system-wide standard for workforce development that ensures staff have the necessary knowledge, skills, and support to deliver the strategy.
Work with frontline staff to raise awareness of how and where to refer/signpost people to community-based initiatives

A common factor across these proposed areas for action is a focus on creating and enabling the underpinning conditions necessary to foster 'at scale' transformation and a system-wide culture shift towards community-centred, strengths-based approaches. These areas of action require system-wide engagement, collaboration, trust, and long-term commitment and require partners to develop and implement different ways of working, to have different conversations and to develop different and more equitable, relationships to create a system, (including communities and residents), in which everyone has a responsibility to make change happen.

In Northumberland, since 2018, we have seen a system wide commitment to embed this approach and much has been taken forward, by multiple partners at strategic, system, organisational and place-based levels to realise the ambition of this theme.

Because of the richness, scale and diversity of approaches and activities developed and the multiplicity of partners involved, it is not possible, within the parameters of this report, to capture and reflect the more granular level progress of individual organisations, activities, initiatives, interventions, or programmes of work. Instead, this report highlights **some** system enablers that are in place, at this mid-term point of the JHWS which are

facilitating and driving forward the culture shift needed to enable community-centred, strengths-based approaches to develop, at scale.

Whilst this is not an exhaustive list, the examples below provide a rich and diverse snapshot of system wide progress to date across the five proposed areas for action outlined in this theme.

- Northumberland Inequalities Summit (March 2022)
- Development and systemwide implementation of Northumberland Inequalities Plan 2022 – 2032 (includes training to underpin Asset Based Community Development and Commissioning and Service Transformation through an Asset Based Lens)
- Northumberland Inequalities Plan Round Table – Bringing People Policy and Place Together (July 2023)
- NCC Northumberland Communities Together (NCT) developed as part of the pandemic response, now a function within NCC Stronger Communities Directorate and a key element supporting development of NCC Best - Communities First approach
- NCC Best - Communities First approach
- Making Every Contact Count (MECC) embedded system wide including system wide MECC trainers
- Development and roll out of 'Frontline' the online community project to enable frontline workers and residents to quickly find details on local health and wellbeing services and to contact services through callback and referral options.
- Development of 'Thriving Together' to give all VCSE sector organisations the opportunity to thrive and achieve potential and to have a voice.
- Development of 15 thematic/geographical Thriving Together Networks
- Development and implementation of regeneration programmes such as Borderlands and Shared Prosperity Funds.
- Collaborative development of community-centred, strengths and asset focused programmes such as Northumberland Holiday Activities and Food Programme, Northumberland Partnership for People and Places, Northumberland Warm Hubs and Warm Spaces and Places Programme
- Northumberland Fire & Rescue Services Safe and Wellbeing visits
- NCC/Thriving Together VCSE Liaison Group
- Development and implementation of NCC Poverty and Hardship Plan
- Development of Community Hubs, Community Response & Resilience Hubs, and Family Hubs across Northumberland
- Development and implementation of NHS England Core20PLUS5 approach to reducing healthcare inequalities
- Development and implementation of Northumberland Place Standard Tool as a framework to guide community conversations, ensuring residents' voices can influence and shape future thinking
- Development and implementation of multiple community connector roles across VCSE organisations and statutory sector including:
 - NHS Primary Care Networks Social Prescribing Link Workers
 - NCC Health Trainers, Community Champions, Family Hub Community development Workers, NCT Locality Coordinators and Support Planners
 - Thriving Together Community Connectors

- Northumbria Healthcare NHS Healthcare Trust Health Coaches
- Harrogate & District NHS Foundation Trust Community Anchor
- Individual organisational plans which highlight the importance of taking a community-centred, strengths-based approach to tackling inequalities. Recent publications and refreshed plans include:
 - North East & North Cumbria NHS Integrated Care Partnership Strategy
 - Northumberland Place Plan (draft)
 - NCC Corporate Plan
 - Northumbria NHS Healthcare Trust Strategy
 - Cumbria Northumberland Tyne & Wear NHS Foundation Trust Strategy
 - Healthwatch Northumberland Strategic Plan 2023-26 (not yet published)
 - North of Tyne Combined Authority Wellbeing Framework

In-depth details for the above examples are not provided as many are submitted to Health and Wellbeing Board as part of regular update and monitoring reporting.

5.4.1 Measures of progress for proposed actions for this theme.

Alongside the national indicators, aligned to this theme, the Empowering People and Communities theme sets out the need to develop and use different, more qualitative, bespoke approaches to measure progress at individual and local levels and over time.

Collating data on local actions to demonstrate progress at a system level for this theme however is problematic as highlighted earlier in this report, (5.4). Some key metrics proposed within the theme focus on process measures such as:

- the numbers of people accessing care navigators
- the number of social prescribing link worker programmes in place

These measures however, whilst providing numbers of people linking with these programmes, provide little understanding of the meaning or impact of the interactions. Measures that seek to understand impact of this nature, 'at scale' however, rely on there being a co-ordinated, systematic approach to data collection with metrics that align and allow 'at scale' interpretation.

As previously outlined, the diversity, scale and the scope of the work implemented at a system wide level that relates to this theme is considerable and sits within and across a range of organisations. As set out in (5.4) many and diverse community connector roles (funded roles and volunteers), have emerged, these roles often link with bespoke communities, assets, or issues. As such, multiple systems for data collection and storage and multiple different data sets and metrics (often based around hyper local targets) exist. Data is often collected in different ways, over different timeframes across different organisations, meaning, currently, comparisons at scale are not possible.

Many community connector roles do however collect case studies demonstrating wellbeing impact at an individual level, from the people and communities they interact with. As before, because of the scale and diversity of these roles, the multiplicity of partners involved, and the differing metrics and reporting mechanisms, mean that it is not possible, within the parameters of this report, to capture and reflect 'at scale' progress. As before, however, many of these programmes do report independently to Health and Wellbeing Board as part of regular reporting processes.

5.4.2. The impact of external factors on the ambition for this theme.

COVID-19 exacerbated existing inequalities, with both the direct and indirect impact of the pandemic hitting the most disadvantaged communities the hardest. It shone a spotlight on the fragility of social safety nets, leaving those with the least resilience to bear the greatest burden². The impact of Storm Arwen, the continuing cost-of-living crisis, in particular food and fuel poverty, and impacts related to the ongoing war in Ukraine have further compounded inequalities in Northumberland. It continues to be those communities and residents who are the most vulnerable and have the least resilience who experience the greatest impact.

COVID and Storm Arwen also highlighted the resilience, capacity, assets, and sense of connectivity within communities across Northumberland. Residents, neighbours, communities, VCSE, statutory organisations and businesses came together at speed to support and help each other throughout these crises and there was an increase in the development of mutual aid, volunteering, and community connections.

Building upon and growing the strengths of our communities, which were so visible during crises, is key to driving the system wide transformation to community centred and strengths-based approaches as set out within this theme. This approach underpins Northumberland Inequalities Plan and is fundamental to shifting our culture to consider everything through an inequalities lens.

5.5 Proposed amendments; Empowering People and Communities Theme 2023–2028.

This mid-term review of the JHWS is in place to enable the priorities across all themes to be considered to ensure they remain current and reflect the position, approach, and wider priorities across Northumberland.

Currently Empowering People and Communities is one of four key themes in the JHWS as highlighted below.

Giving Children and Young People the Best Start in Life	Adopting a Whole System Approach to Health and Care	Empowering People and Communities	Tackling some of the Wider Determinants of Health
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The review of this theme proposes that whilst the broad overarching intention of ‘*empowering people and communities*’ as an approach, remains relevant, the system landscape in Northumberland and the framing of community-centred, strengths-based approaches has moved on since the priorities and areas of action within the JHWS were written in 2018. A key driver within this being the development and implementation of the system wide Northumberland Inequalities Plan 2022 - 2032.

This review proposes that, rather than remaining a key, distinct theme within the JHWS, ‘*empowering people and communities*’ transitions to become a cross-cutting, enabler; an approach and methodology, a common way of working, that underpins delivery of the other three key JHWS themes for the remaining period of the strategy 2023 - 2028.

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020977/health_inequalities_briefing.pdf

Amending the JHWS in this way reflects the long-term system wide commitment within Northumberland now, that is central to embedding culture change and developing different ways of working, different relationships, and different conversations to affect change, factors that are key to driving delivery of Northumberland Inequalities Plan 2022 - 2032.

This proposal is shown below and reflects the changes to theme names as proposed in sister papers to Health and Wellbeing Board as part of the wider refresh of the JHWS.

Empowering People and Communities cross-cutting enabler		
Starting and Growing Up Well	Adopting a Whole System Approach to Health and Care	The Building Blocks of a Good Life

In shifting the focus of '*empowering people and communities*' in this way, it is important that the fundamental priorities and principles are not lost or diluted.

This review has considered the language and terminology of the existing Empowering People and Communities theme and proposes that, going forward, these be refreshed to reflect current terminology and approaches. The following amendments are proposed as the refreshed outcome, principles, priorities, areas of action (what are we going to do) and indicators to measure progress for the refreshed '*empowering people and communities*' approach for the remaining period of the strategy 2023 - 2028:

Outcome:

All communities in Northumberland are heard, understood, and empowered and have an active role in optimising their wellbeing and health.

Principles:

Take a strengths-based approach – We will jointly build on the existing strengths within our diverse and vibrant communities, working collaboratively to increase capacity and resilience, helping people to recognise where or how they can optimise their ability and act on this.

Work collaboratively – We will take a holistic approach to wellbeing that addresses the wider societal determinants of health and inequalities. Working in this way in Northumberland ensures we have a culture of '*doing with*' and '*doing by*' not '*doing to.*'

Priority Areas:

1. Ensure stakeholders and the system work collaboratively to remove systemic barriers, promote, and mobilise a local, holistic whole-person approach.
2. Ensure equity of access to sustainable and locally determined opportunities that support resilience, belonging and connectivity.
3. Ensure the Northumberland system enables people to develop the knowledge skills and confidence to understand their own health and care choices and the consequences of these
4. Ensure the voice of lived experience is central within policy development and practice

What are we going to do:

- Be resilient - build on the passion and community cohesion shown during COVID and Storm Arwen
- Be inclusive - identify and develop intergenerational and diverse and inclusive opportunities to promote community cohesion
- Be community focused - take forward a strengths-based community development strategy based in localities
- Be consistent - develop a system-wide standard to help stakeholders have the knowledge, skills and support they need.
- Be open - share data safely and appropriately by developing a local data sharing agreement
- Make every door ‘the right door’ - develop and raise awareness of referral / signposting pathways between groups and organisations to enable seamless transition for people and organisations; including but not limited to improving use of ‘Frontline’

How are we going to measure progress:

Many longer-term outcomes of building community resilience and embedding community-centred, strengths-based approaches will be reflected in the long-term quality of life and healthy life expectancy outcomes for the other three key JHWS themes. This review proposes that representatives from the VCSE Task Force work with JHWS Theme Leads and representatives from the other three themes to determine objectives and metrics that will enable these themes to demonstrate progress and the impact of embedding community-centred, strengths-based approaches within the scope of their thematic priorities and areas of action over the remaining term of the strategy.

This proposal is shown below, reflecting the changes to theme names proposed in sister papers to Health and Wellbeing Board as part of the wider refresh of the JHWS.

Empowering people and communities cross-cutting enabler		
Some theme metrics aligned to empowering people and communities approach / Northumberland Inequalities Plan are developed in partnership with VCSE TF	Some theme metrics aligned to empowering people and communities approach / Northumberland Inequalities Plan are developed in partnership with VCSE TF	Some theme metrics aligned to empowering people and communities approach / Northumberland Inequalities Plan are developed in partnership with VCSE TF
Starting and Growing Up Well	Adopting a Whole System Approach to Health and care	The Building Blocks of a Good Life

Scaling up ‘empowering people and communities’ as an approach across the JHWS in this way will strengthen wider system delivery of Northumberland Inequalities Plan 2022 – 2032 which has a clear focus on culture and leadership change and within which community-centred, strengths-based approaches are core components.

5.6 Conclusion.

This mid-term review of the JHWS theme ‘Empowering People and Communities’ has used a range of information to describe progress against the areas for action within this theme, identifying limitations in some national indicators and areas where performance against national indicators has worsened.

The proposed amendments for the theme to transition to become a cross-cutting, enabling, approach that underpins delivery of the other three JHWS themes, along with proposed amendments to priorities that reflect the current system landscape, approach, terminology, and language reflect discussions within Northumberland Inequalities VCSE Task Force. The input from Health and Wellbeing Board partners is requested to develop this further to ensure this review reflects our shared priorities and identifies appropriate actions for the remaining period of the Joint Health and Wellbeing Strategy.

5.7. Next Steps.

If the amendments detailed within this report are agreed by Health and Wellbeing Board, it is proposed that next steps (November 2023 – March 2024) include:

- Lead for ‘*empowering people and communities*’ approach links with Thematic Leads from 3 key JHWS Themes to set up Thematic Task and Finish groups
- Thematic Task and Finish groups, supported by VCSE Task Force will:
 - participate in an initial workshop to explore and support consistency in understanding and application of ‘*empowering people and communities*’ approach and explore the potential to develop ‘at scale’ measures
 - explore and agree best fits, across remaining JHWS themes, if any, for the national indicators currently aligned to ‘*empowering people and communities*’ approach or propose alternative national indicators and the rationale for their inclusion
 - develop metrics for each JHWS theme that are aligned to the ‘*empowering people and communities*’ approach and Northumberland Inequalities Plan 2022 – 2032.
 - develop short and longer-term action plans and metrics for each JHWS theme for the remaining period of the Joint Health and Wellbeing Strategy 2023 – 2028.
- Submission of further report detailing ‘*empowering people and communities*’ actions and measures across the 3 key JHWS Themes submitted to Health and Wellbeing Board as part of the wider refresh of the JHWS.

6. Implications

Policy	<p>This report updates the Northumberland Joint Health and Wellbeing Strategy theme of Empowering People and Communities.</p> <p>It proposes updated priorities and actions which support the priorities of the Northumberland Inequalities Plan and the Council’s Corporate Plan.</p>
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Finance and value for money	It is not anticipated that there will be direct implications.
Legal	This report supports the Health and Wellbeing Board to fulfil its statutory duty to complete a joint local health and wellbeing strategy. It is not anticipated that there will be legal, or governance implications associated with the updated priorities and actions linked to this theme.
Procurement	No direct implications.
Human resources	No new recruitment is identified.
Property	No direct implications.
The Equalities Act: is a full impact assessment required and attached?	No - no equalities issues identified. An equalities impact assessment has not been carried out. However, the refreshed actions are specifically aimed at reducing health inequalities which include to people with characteristics protected by the Public Sector Equality Duty.
Risk assessment	A risk assessment has not been undertaken, for the update of this strategy.
Crime and disorder	No specific implications.
Customer considerations	The refreshed actions are intended to improve our communities and the lives of our residents.
Carbon reduction	No direct specific implications.
Health and wellbeing	This report is explicitly intending to improve the health and wellbeing of the population of Northumberland and reduce health inequalities.
Wards	(All Wards);

7. Background papers

Not applicable.

8. Links to other key reports already published

Not applicable.

9. Author and Contact Details

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DECISIONS TAKEN BY CABINET SINCE LAST OSC MEETING AND FORTHCOMING CABINET DECISIONS - DECEMBER 2023 – MARCH 2024

DECISION	CABINET DATE/DECISION
Cabinet Papers - 7 November 2023	https://northumberland.moderngov.co.uk/ieListDocuments.aspx?CId=140&MId=2258
<p>North East Devolution</p> <p>The report asked members to consider and determine if consent should be given to the making of an Order that would abolish the North East and North of Tyne Combined Authorities, whilst at the same time establishing a new North East Mayoral Combined Authority.</p>	<p>7 November 2023</p> <p>RESOLVED that:-</p> <ul style="list-style-type: none"> (a) the content of the report be noted; (b) Cabinet agree in principle that the Council should consent to the making of the order; (c) the Chief Executive be authorised, in consultation with the Leader of the Council, to issue the Council’s formal consent to the Secretary of State when requested; (d) the Chief Executive be authorised, in consultation with the Leader of the Council, to finalise the terms of the side agreement regarding the support arrangements associated with these proposals; and (e) the Chief Executive be authorised to take all other steps necessary to implement these proposals
<p>Setting the Scope and Targets for the Climate Change Action Plan 2024-26</p> <p>Cabinet was asked to agree the scope and targets to be addressed in detail in the Council’s Climate Change Action Plan 2024-26 and to ensure alignment with the Council’s Environment Policy Statement</p>	<p>7 November 2023</p> <p>RESOLVED that:-</p> <ul style="list-style-type: none"> (a) Cabinet agree that the Climate Change Action Plan 2024-26 is a key element of the Council’s wider Environmental Policy Statement, which commits the Council to strengthen the work being undertaken to maintain, protect and enhance the environment through a broad range of policies and activities, including active travel, nature recovery, planning, procurement, public health/disease control and general environmental services provision; (b) Cabinet agree that the Climate Change Action Plan will include a focus on greenhouse gas reduction and climate change resilience through nature in collaboration with the Council’s strategies for wider ecology and biodiversity issues; (c) Cabinet agree to restate the Carbon Neutral target for the county by 2030 and clarify that it refers to carbon dioxide only; (d) Cabinet agree a new target to work with Government and other key stakeholders to achieve net-zero for all

	<p>greenhouse gases for the county of Northumberland by 2040, a strategy for which will be developed as part of the new Climate Change Action Plan 2024-26;</p> <p>(e) Cabinet agree that the local and regional adaptation response to the risks and impacts of a changing climate be included in the Climate Change Action Plan 2024-26;</p> <p>(f) Cabinet agree a new target to become a carbon neutral organisation by 2030, a strategy for which will be developed as part of the new Climate Change Action Plan 2024-26;</p> <p>(g) Cabinet agree that the scope of the Climate Change Action Plan 2024-26 continues to only include direct, territorial emissions (i.e. those produced in Northumberland) as its focus for projects but that it should do more to raise awareness amongst stakeholders of scope 3 (indirect) emissions (i.e. those produced outside of Northumberland) and how they can be reduced; and</p> <p>(h) Cabinet agree the core structure of the Climate Change Action Plan 2024-26 including a commitment to set out a strategy for planning in relation to the climate change targets.</p>
<p>Strengthened Biodiversity Duty and Reporting Obligations</p> <p>The report set out the Council's new obligations to take action to conserve and enhance biodiversity and to report on such actions, and proposed a 'first consideration' of such actions as required under S.40 of the Natural Environment and Rural Communities Act 2006 as amended.</p>	<p>7 November 2023</p> <p>RESOLVED that Cabinet accept the document attached to the report as a record of the Council's first consideration of actions the Council can take to conserve and enhance biodiversity in accordance with S.40 (1C) of the Natural Environment and Rural Communities Act 2006 as amended, which will then be used by Officers to develop an implementation plan.</p>
<p>Approval of the Council Tax Scheme</p> <p>The report sought approval for the local Council Tax Support Scheme for 2024-25 to continue to provide support at a maximum level of 92% of council tax liability.</p>	<p>7 November 2023</p> <p>RESOLVED that County Council be recommended to approve the Council Tax Support Scheme attached as Appendix 1 to be adopted as the Council's local scheme for 2024-25.</p>
<p>Corporate Feedback Performance 2022/2023</p>	<p>7 November 2023</p>

<p>The Annual Report reviewed the operation of the complaints process over twelve months (01.04.2022 to 31.03.2023), including statistical data, and provided the local authority with how it keeps itself informed about the effectiveness of its current arrangements for handling customer complaints.</p>	<p>RESOLVED that the findings of the report on complaint handling within the authority be noted.</p> <p>This report will be considered by the Communities and Place OSC on 29 November 2023.</p>
<p>Corporate Performance Quarter 1 2023-24</p> <p>The report provided a summary of the progress against the Council's three Corporate Plan priorities using the Council's performance at the end of Quarter 1, 2023/24 (Q1).</p>	<p>7 November 2023</p> <p>RESOLVED that progress against the three Corporate Priorities as summarised in the report be noted.</p>
<p>Summary of New Capital Proposals considered by Officer Capital Strategy Group</p> <p>The report summarised proposed amendments to the Capital Programme considered by the officer Capital Strategy Group.</p>	<p>7 November 2023</p> <p>46.1 Kyloe House CCTV Upgrade RESOLVED that:</p> <p>(a) Cabinet approve the receipt of the capital grant of £0.221 million from the Department for Education (DfE); and</p> <p>(b) Cabinet approve the amendment to the Capital Programme to include the funding and spend.</p> <p>46.2 Replacement of Boating Pontoon in Wansbeck Riverside Park</p> <p>RESOLVED that Cabinet approve the proposed spend on the Boating Pontoon and amend the Capital Programme in 2023-24. Note that the project will be wholly grant funded under an agreement with Cambois Rowing Club.</p> <p>46.3 Highways Laboratory Expansion</p> <p>RESOLVED that:-</p> <p>(a) Cabinet approve the expenditure of the £0.615 million which is already included in the MTFP under Highways Laboratory Expansion project; and</p> <p>(b) Cabinet note that a portion of the allocation will be slipped into financial year 2024-25. This is currently anticipated to be 50% but will be dependent on the date of approval.</p> <p>46.4 North East Bus Service Improvement Plan (BSIP)</p>

RESOLVED that:-

- (a) Cabinet note the agreement for the North East Joint Transport Committee (JTC) to release BSIP capital funding to assist scheme promoters with development of the programme;
- (b) Cabinet approve the BSIP capital funding to develop the “Bus Priority Infrastructure – Tranche 1” programme; and
- (c) Cabinet approve the amendment to the Capital Programme to include £0.121 million funding from Transport North East (TNE) to enable development of the BSIP Tranche 1 programme.

46.5 Parks Enhancement Capital Programme

1. Cleasewell Hill Park

RESOLVED that:-

- (a) Approve capital expenditure of up to £0.240 million for the refurbishment scheme at Cleasewell Hill Park;
- (b) Approve the reallocation in the Capital Programme of £0.200 million from the existing Parks Enhancement Programme and £0.040 million contribution from Choppington Parish Council which has been agreed in principle subject to formal approval; and
- (c) Note that if funding of £0.040 million from Choppington Parish Council is not received works will be scaled back and expenditure will be limited to £0.200 million.

2. Gallagher Park

RESOLVED that:-

- (a) Cabinet approve capital expenditure totalling £0.019 million for car park repairs, overflow provision and fencing at Gallagher Park; and
- (b) Cabinet approve the reallocation in the Capital Programme of £0.010 million from the existing Parks Enhancement Programme and £0.009 million from Cllr Robinson, Cllr Taylor, and Cllr Wilciezk’s Members’ Local Improvement Scheme funds.

3. Plessey Woods – Bouldering Park

RESOLVED that:-

- (a) Cabinet approve capital expenditure totalling £0.159 million for Plessey Woods Bouldering Park; and

(b) Cabinet approve the reallocation in the Capital Programme of £0.088 million from the existing Parks Enhancement Programme, £0.067 million from Section 106 contributions and £0.005 million from Cllr Robinson's Members' Local Improvement Scheme funds.

46.6 Strategic Regeneration Investment

RESOLVED that:-

(a) Cabinet accept grant funding to establish the Northumberland Stewardship and Rural Growth Investment Programme as follows, noting that the establishment of the programme and projects below was previously agreed by Cabinet in February 2023:

- Accept grant funding of £4.810 million including £2.000 million capital and £2.810 million revenue for the Northumberland Small Business Service (NSBS).
- Approve the addition of the £2.000 million capital funding to the Capital Programme in line with the three-year funding profile further in the report.
- Accept grant funding of £3.510 million including £1.543 million capital and £1.967 million revenue for the Rural Asset Multiplier Programme (RAMP).
- Approve the addition of the £1.543 million capital funding to the Capital Programme in line with the three-year funding profile further in the report.

(b) Cabinet approve the below projects and the reallocation of capital funds of £0.600 million in 2023-24 from the Ashington North East Quarter Redevelopment (Phase 2). The Strategic Regeneration Projects budget will reallocate £0.600 million to the Ashington North East Quarter Redevelopment (Phase 2) project in 2024-25. Note that the Ashington North East Quarter Redevelopment (Phase 2) does not require the funds in 2023-24 due to slippage in the project delivery.

- Approve the allocation of capital funds of £0.500 million in 2023-24 for Hexham HSHAZ Public Realm Scheme.
- Approve the creation of a new capital project in 2023-24 for the Berwick Gateway and approve the allocation of capital funds of £0.050 million in 2023-24 for the Berwick Gateway.
- Approve the allocation of capital funds of £0.010 million in 2023-24 for the detailed design of the Royal Border Bridge Floodlighting Scheme.

	<ul style="list-style-type: none"> • Approve the allocation of capital funds of £0.020 million in 2023-24 to finalise the successful Rural Business Growth Service project. • Approve the allocation of capital funds of £0.020 million in 2023-24 for the detailed design of the Alnwick Cobbles Streetscaping scheme. <p>46.7 Great Northumberland Forest Tenant Lead Pilot</p> <p>RESOLVED that:-</p> <p>(a) Cabinet approve the proposed spend of £2.550 million for the Great Northumberland Forest Tenant Lead Pilot and note the funding of £2.550 million from the national Nature for Climate (NfC) fund; and</p> <p>(b) Cabinet approve the inclusion of an additional £2.550 million (2023-24 £1.500 million and 2024-25 £1.050 million) in the capital programme.</p>
<p>Delegate Authority to Award Leisure Contract</p> <p>The report sought permission to delegate authority to enable the contract award of the Northumberland Community Leisure and Well-being Service to the preferred bidder, following final evaluation by the panel</p>	<p>7 November 2023</p> <p>RESOLVED that Cabinet delegate authority to the Executive Director of Public Health, Inequalities and Stronger Communities in consultation with the Leader, also Portfolio Holder for Environment and Local Services, the Deputy Leader, also Portfolio Holder for Corporate Services, the Portfolio Holder for Healthy Lives, the Director of Law and Corporate Governance and the Executive Director of Transformation and Resources to award and enter into a contract for the Northumberland Community and Wellbeing Service with the preferred bidder.</p>

FORTHCOMING CABINET DECISIONS

<p>Adaptions for Disabled People</p> <p>To report on additional Disabled Facilities Grant funding received from Government, and to ask the Cabinet to consider the case for revisions to the Council’s discretionary grants policy.</p>	<p>12 December 2023</p>
<p>Budget 2024-25 and Medium Term Financial Plan 2024-28</p> <p>This report provides an update on the development of the 2024-25 Budget and the Medium-Term Financial Plan (MTFP) covering the period 2024 to 2028, prior to the receipt of the Local Government Finance Settlement 2024-25 in December 2023.</p>	<p>12 December 2023</p>
<p>Corporate Risk Management</p> <p>To inform Cabinet of the latest position of the County Council's corporate risks following review by Executive Management Team.</p>	<p>12 December 2023</p>
<p>Education, SEND and Skills Annual Report</p> <p>Annual Report of the Director of Education, SEND & Skills.</p>	<p>12 December 2023</p>
<p>Merger of North and South Northumberland Coroner Areas</p> <p>To seek approval from Cabinet to agree to the merger of the North and South Northumberland coroner areas, to become one Northumberland area effective from 1 April 2024.</p>	<p>12 December 2023</p>
<p>Northumberland Leisure and Wellbeing Procurement and Provision</p> <p>The purpose of the report is to provide an update on the Northumberland Leisure and Wellbeing Procurement and Provision.</p>	<p>12 December 2023</p>
<p>Financial Performance 2023-24 – Position at End of September 2023</p> <p>The report will provide Cabinet with the revenue and capital financial performance against budget as at 30 September 2023.</p>	<p>12 December 2023</p>
<p>Q2 Corporate Performance Report</p>	<p>12 December 2023</p>
<p>PFI Furniture, Fixtures and Equipment (FF&E) Responsibilities</p> <p>This report seeks governance approval for NCC to take over responsibility for the provision of FF&E for the PFI Fire and Rescue Service buildings at West Hartford and Pegswood, with an annual saving on the PFI unitary charge of £79,471 amounting to £1,192,065 for the remainder of the contract.</p>	<p>12 December 2023</p>
<p>Outcomes of the Tender for New School Buildings for Astley High and Whytrigg Middle Schools</p>	<p>12 December 2023</p>

Update Cabinet on the outcomes of the tender process for the construction of new school buildings for Astley High School and Whytrig Middle School and seek the delegated approval to award the construction contract.	
Setting of the Council Tax Base 2024-25 To advise Cabinet of the tax base calculation for 2024-25 for all domestic properties liable to pay council tax.	12 December 2023
Summary of New Capital Proposals considered by Officer Capital Strategy Group This report details the Capital Proposals considered by the Capital Strategy Group on 30 October 2023.	12 December 2023
Notification of the Estimated Collection Fund Balances 2023-24 – Council Tax and Business Rates The report will advise members of the estimated surplus or deficit balances on the Collection Fund in relation to Council Tax and Business Rates at 31 March 2024. The Local Government Finance Act 1992 (as amended) requires the Council as the Billing Authority to calculate a Council Tax Collection Fund estimate by 15th January each year. The Non-Domestic Rating (Rates Retention) Regulations 2013 require the Council as the Billing Authority to calculate a Business Rates Collection Fund estimate on or before 31st January each year.	16 January 2024
Budget 2024-25, Medium Term Financial Plan 2024-28 and 30 Year Business Plan for the Housing Revenue Account The report presents to Cabinet, the updated Budget 2024-25, Medium Term Financial Plan 2024-28 and 30 year Business plan for the Housing Revenue Account	16 January 2024 Council 17 January 2024 21 February 2024
Climate Change Action Plan 2024-26 To replace the expiring Climate Change Action Plan 2021-23 and to set out our intended strategies for reaching our climate change targets across the next three years and beyond.	12 March 2024
Financial Performance 2023-24 – Position at end of December 2023 The report will provide Cabinet with the revenue and capital financial performance against budget as at 31 December 2023.	12 March 2024

Northumberland County Council

Health and Wellbeing Overview and Scrutiny Committee

Work Programme and Monitoring Report 2023 - 2024

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Chris Angus, Scrutiny Officer
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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**

12 December 2024

Page 90	Update on Berwick Hospital	To receive an update on the construction of Berwick Hospital
	Joint Health and Wellbeing Strategy Refresh – Empowering People and Communities	To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.
	Complaints Annual Report 2022- 23: Adult Social Care and Continuing Health Care Services	To provide members with an overview of performance against complaints within adult services and to report to members decisions made by the Local Government and Social Care Ombudsman and Health Services Ombudsman

9 January 2023

Page 90	Joint Health and Wellbeing Strategy Refresh – Giving Children and Young People the Best Start in Life	To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.
	Joint Health and Health and Wellbeing Strategy Refresh – Building Blocks Theme	To update members on progress on actions within the JHWS. Members are asked to review this theme and propose amendments to priorities, actions, and indicators to measure progress for the remaining period of the strategy 2023 – 2028.
	Adults and children’s Safeguarding Board Annual Report	To provide an overview of the work carried out under the multiagency arrangements for Safeguarding Adults and Children.

5 March 2024		
	Director of Public Health Annual Report	DPH's Annual Report highlighting the priorities for the DPH for the coming year.
2 April 2024		
Page 91	NHCT Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.
	NEAS Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.
7 May 2024		
	CNTW Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.
	NUTH Quality Accounts	Annual report on the quality of service. The Committee is requested to receive and comment on the presentations from each Trust and agree to submit a formal response to each Trust.

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

Ref	Date	Report	Decision	Outcome
1	11 July 2023	Update on Pressures in Adult Homecare Services	RESOLVED the A. the report on the current issues with homecare in Northumberland be received for information, and B. the initiatives proposed to try to resolve workforce shortages be noted.	Adult Home Care data and progress monitoring to be provided at a future committee.
2	11 July 2023	Contingency Plans and Management Arrangements for Commissioned Adult Social Care Services	RESOLVED the report be received for information.	No further action
3	12 September 2023	Cramlington Pharmacy Update	RESOLVED that: A. the report and comments made be noted. B. a Task and Finish Group be established to examine pharmaceutical services in the county.	A task and finish group be established in the new year to examine Pharmacy provision across the County
4	12 September 2023	Northumberland Coroner's Annual Report	RESOLVED that the report be received.	No further action

5	7 November 2023	Oncology Performance Update (NUTH)	RESOLVED that the information and comments made be noted	A further update will be provided in May when NUTH present their Quality Accounts
6	7 November 2023	Joint Health and Wellbeing Strategy Refresh – Adopting a Whole System Approach to Health and Care	RESOLVED to: A. note and comment on the achievements described in the report, and B. that the proposed amendments to priorities, actions, and indicators or evidence of achievements for the theme be noted.	The comments of this committee will form part of the overall Joint Health and Wellbeing Strategy
7	7 November 2023	Welfare Rights Annual Report	RESOLVED that the report be received for information.	No further action

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