

## **NORTHUMBERLAND COUNTY COUNCIL**

### **HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE**

At the Annual Meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 31 May 2022 at 1.00 p.m. at County Hall, Morpeth.

#### **PRESENT**

Councillor V. Jones  
(Chair, in the Chair)

#### **MEMBERS**

Bowman, L.	Humphrey, C.
Chicken, E.	Hunter, I.
Dodd, R.R	Nisbet, K.
Hardy, C.	Wilczek, R.
Hill, G.	

#### **ALSO IN ATTENDANCE**

Angus, C.	Scrutiny Officer
Bradley, N	Director of Adult Social Services
Lamb, S.	Harrogate District Foundation Trust
Morgan, L	Interim Executive Director for Public Health and Community Services
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adults' Wellbeing
Todd, A.	Democratic Services Officer

1 member of the press was also in attendance

#### **1. MEMBERSHIP AND TERMS OF REFERENCE**

The committee was asked to note the following membership and terms of reference for the Health and Wellbeing Overview and Scrutiny Committee which were agreed by Council on 4 May 2022.

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

**Quorum 3**

**Chair: V. Jones**

**Vice Chair: K. Nisbet**

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

**Terms of reference:**

- (1) To promote well-being and reduce health inequality, particularly in supporting those people who feel more vulnerable or are at risk.
- (2) 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.
- (3) To take a holistic view of health in promoting the social, environmental and economic well-being of local people.
- (4) 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.
- (5) 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

**RESOLVED** that that the membership and terms of reference of the Health and Wellbeing Overview and Scrutiny Committee for the ensuing year be noted.

**2. MINUTES**

**RESOLVED** that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny Committee held on 5 April 2022, as circulated, to be confirmed as a true record and signed by the Chair.

**3. PRIMARY CARE APPLICATIONS WORKING GROUP**

The Health and Wellbeing Overview and Scrutiny Committee was asked to confirm the membership and terms of reference of the Primary Care Applications Working Group, which comprised four members including the Chair and Vice-chair of the Health and Wellbeing Overview Scrutiny Committee, plus two other members. The current membership was Councillors K. Nisbet (Chair), V. Jones, L. Bowman and I. Hunter.

Also, to note the monitoring report of the Primary Care Applications Working Group. (A copy of the monitoring report has been filed with the signed minutes).

**RESOLVED** that:

- (a) the terms of reference of the Primary Care Applications Working Group for the ensuing Council Year be noted;
- (b) the membership of the Primary Care Applications Working Group be agreed as Councillors K. Nisbet (Chair), V. Jones, L. Bowman and I. Hunter for the ensuing year, and
- (c) the monitoring report of the Primary Care Applications Working Group be noted.

#### **4. 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.

### **REPORTS FOR CONSIDERATION BY SCRUTINY**

#### **5. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES**

##### **Progress report on 0-19 Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust**

S. Lamb, Head of Safeguarding and Head of Nursing Community and Children's Directorate at Harrogate District Foundation Trust and Liz Morgan, Interim Executive Director for Public Health and Community Services introduced the report which sought to update members on the delivery of 0-19 Public Health Service through the Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust (HDFT). (A copy of the report has been filed with the signed minutes).

S Lamb highlighted the main points of the report for members.

It was noted that in August 2021, OSC members were invited to comment on a consultation about a proposed partnership between the Council and HDFT, under which HDFT would deliver health visiting (0-5 services) and school

nursing (5-19) services on behalf of the council. The ensuing Section 75 Partnership Agreement between HDFT and Northumberland County Council commenced on 1st October 2021 at which point over 170 clinical and non-clinical staff successfully transferred from Northumbria Trust to HDFT.

Governance for the partnership arrangement was delivered through the Healthy Families Partnership Board (HFPB) which was officer led and co-chaired by the Executive Director of Adult Social Care and Children's Services and the Interim Executive Director of Public Health and Community Services. The Board focused on both issues and opportunities around delivery and longer-term strategic aspirations for CYP integration.

It was reported that the transfer of the service had not appeared to have resulted in any significant dips in service outputs, outcomes and performance and was closely managed through HDFT internal reporting processes and regular operational meetings between HDFT and NCC staff.

There was a shared appetite to become a beacon of good practice for CYP integration and an acceptance that this needed to be underpinned by a shared culture and understanding about what integration was. This would require some organisational and system development and the HFPB were keen to include external evaluation as part of the process to add to the evidence based in this area.

Discussion followed, of which the key points from members and responses were:

- The report was welcomed but as the partnership agreement only began in October 2021 it was felt that there was little for members to scrutinise.
- Confirmation that an audit of safeguarding within the 5-19 service had been undertaken by HDFT and the results had been shared with the 0-19 Team and NCC. The audit described current practice within the school nursing service and provided evidence for safeguarding transformation. The audit identified that school nurses were completing health reports for safeguarding meetings but there was an opportunity to change current practice to better support children, young people and their families. The future model for safeguarding was in development and would focus on a disaggregated approach. Within a disaggregated model, a small number of school nurses would be responsible for safeguarding, becoming highly proficient and acting as a resource for colleagues. The future safeguarding model would ensure that school nursing interventions demonstrated a positive impact on outcomes for children and young people. It was reported that school nursing staff would be involved through consultation and have the opportunity to express an interest in roles within the school nursing safeguarding team. It was advised that a copy of the audit, which had been considered at a recent Safeguarding Board meeting, could be made available to those wanting to view it.
- Had there been any negative feedback/complaints received from service users or staff. In response, it was stated that there had not been many complaints. Initial concern had soon disappeared once service users understood that

although it would be Harrogate, services would be carried out by the same team. Staff had also been very willing to embrace this change.

- It was confirmed that HDFT had well-established, mature systems for monitoring and managing performance through a Quality and Performance Framework, which included key Performance Indicator (KPI) tracking, audits, surveys, service user experience and complaints. Northumberland previously had not used any social media so a website, social media and an App were currently being created. The Service User Experience Group would also produce reports and help form a qualitative element to any quality framework. All staff in Northumberland have received training on the Trust values and behaviours. All managers and staff received training on the Quality and Performance Management process, and this was now embedded into practice. S. Lamb agreed that any issues raised by Healthwatch could be forwarded to her in the first instance until embedded reporting structures were in place.
- Clarification as to how the 0-19 Healthy Families Partnership Board and the Health and Wellbeing Board would link up. It was confirmed that the 0-19 Healthy Families Partnership Board would feed into the Strategic Children and Young People Partnership Board which in turn fed into the Health and Wellbeing Board. However, there was currently a review of service pathways being undertaken.
- It was confirmed that recruitment of staff was an issue both in Northumberland and nationally. The 0-19 Team transferred over with several vacancies, particularly in qualified health visitors and school nurses. Recruitment had taken place into some posts and the number of vacancies had not increased significantly. The Directorate did have a workforce group with an action plan to improve both recruitment and retention. This included the use of social media to promote vacancies at HDFT as a good place to work and a focus on staff health and wellbeing with an active emotional health offer.

The Chair thanked officers for attending the meeting.

**RESOLVED** that:

- (a) the contents of this report, be considered, and
- (b) and comments on the delivery of 0-19 Public Health Services to children and young people in Northumberland and outcomes being achieved be noted.

## **6. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF FINANCE AND THE INTERIM DIRECTOR OF ADULT SOCIAL SERVICES**

### **Financial implications of the end of the partnership with Northumbria Healthcare**

Members received a report on the implications for the Council of the ending of the Council's partnership arrangement with Northumbria Healthcare NHS Foundation Trust ("Northumbria"), as requested by the Committee at its meeting on 2 August 2021. (A copy of the report has been filed with the signed minutes).

N. Bradley, Director of Adult Social Services highlighted the main points of the report for members which provided an update on the ending of the Partnership Agreement with Northumbria Healthcare Trust (NHCT) and particularly the net cost position to Northumberland County Council (NCC) from that process. The Partnership formally came to an end on 30 September 2021 following the Trust serving notice in March 2021.

It was reported that whilst there may have been significant disruption and uncertainty for Adult Social Care staff during the process, it was now clear that the changes had broadly been welcomed by most staff who appreciate the greater clarity they now had in terms of who they reported to and the greater simplicity of the organisational structure of Adult Care. It should be recognised that a significant contributing factor to getting this process successfully over the line and providing reassurance to staff was the efforts of, particularly, the Council's HR, IT and Finance teams who provided invaluable support to the process. Others who deserve a special mention included the Council's Health and Safety team and Property Services, who both had key roles to play.

It was advised that already, the structural changes were producing some positive changes within the service.

Discussion followed, of which the key points from members and responses were:

- The termination of the agreement was a consequence of decisions taken by Northumbria Healthcare, rather than of Council policy decisions. It was hoped that lessons could be learnt from this for any future partnership work with others.
- It is the case that the changes are likely to make it easier for the Council to develop more closer integrated arrangements with primary care and NHS mental health and learning disability services.
- A query regarding the recently issued Section 114 and 114a report and whether there would be any implications for the Trust. The Director of Adult Social Services advised that it was his understanding that generally an acute Trust has greater freedom than that of a local authority when it comes to commercial activities, but he could not comment any further on the report.
- It was noted that 2022-23 budget approved at Council on 23 February 2022 included growth for the recurrent costs of the ending of the Partnership Agreement, with the pension costs based on the assumptions which had now been confirmed.

The Chair thanked the Director of Adult Social Services for the comprehensive report.

**RESOLVED** that the report be noted.

## **7. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES**

### **Integration of adult social care with NHS community-based services**

The report updated the Committee on changes being made to frontline adult social care services to integrate them more closely with key community-based NHS services. (A copy of the report has been filed with the signed minutes).

N. Bradley, Director of Adult Social Services highlighted the main points of the report for members.

It was stated that at the beginning of April, the front-line staff responsible for the core adult social care statutory functions of needs assessment and care and support planning moved into new teams designed to align more closely with the key NHS services that supported people in the community with disabling long-term health conditions. This was the delayed first stage of the implementation of a programme of changes agreed following consultations with staff in 2019. The aim of the changes was to address concerns that adult social care services had become too fragmented, and less closely integrated than they should be with key NHS community services.

It was reported that it had been agreed to move towards an arrangement in which frontline professionals would be responsible for assessing people's needs and arranging support would be grouped together into two kinds of team, each aligned with the most significant NHS professionals in the community:

- a) Care and support teams, closely aligned with primary healthcare, and with the community health services which were also aligned with primary healthcare.
- b) Specialist teams, closely aligned with the specialist services in the community operated by CNTW, which include community mental health services, specialist learning disability services, and a number of other specialist services linked to specific kinds of need, such as traumatic head injury or dependence on alcohol or drugs.

It was noted that 14 local "care and support teams" had now been established, closely linked to GP practices and the six "primary care networks" which coordinated primary care across wider areas of the County. These teams were being aligned with community mental health services operated by the Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Foundation Trust, and would work with people whose main source of NHS support in the community was expected to be CNTW's services.

Discussion followed, of which the key points from members and responses were:

- Confirmation that the Council did have a single point of access for adult social care which was OneCall. There was also Northumberland Communities Together which launched in response to the pandemic. It continued to ensure residents were kept safe and well, and provided coordination to support individual volunteers, voluntary groups and communities across our county.
- A member felt that OneCall was not widely publicised and asked if this could be looked at.
- Healthwatch commented on a feeling of confusion felt by some members of the public due to the number of new structures in place and asked how they

could help people understand the changes. It was envisaged that Healthwatch would have a role to play in reviewing services once they were bedded in.

- It was confirmed that the success of integration of adult social care with NHS community-based services would be through surveys, feedback from service users, GPs, Primary Care and any complaints received. It was envisaged that Healthwatch again would have a role to play in this.

The Chair thanked the Director of Adult Social Services for the comprehensive report.

**RESOLVED** that the report be noted.

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

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

The Committee reviewed its work programme for the 2022/23 council year. ( A copy of the work programme has been filed with the signed minutes).

A member commented on recent press articles regarding allegations that NEAS covered up evidence about deaths linked to mistakes made by paramedics. Government had agreed to investigate the claims, but it was queried if there was a role for the Health and Wellbeing Board OSC. The Scrutiny Officer confirmed he would keep members informed of developments.

**RESOLVED** that the work programme be noted.

## **9. DATE OF NEXT MEETING**

**RESOLVED** that the next meeting has been scheduled for Tuesday, 5 July 2022 at 1:00 p.m.

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

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