

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 4 October 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor K. Nisbet
(Vice-Chair, in the Chair)

MEMBERS

Bowman, L.	Hardy, C.
Chicken, E.	Hill, G.
Dodd, R.R.	Hunter, I.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bell, A.	Northumbria Healthcare NHS Foundation Trust
Blair, A.	Northumbria Healthcare NHS Foundation Trust
Bradley, N.	Director of Adult Social Services
Dickson, M	Northumbria Healthcare NHS Foundation Trust
Finn, G.	Northumbria Healthcare NHS Foundation Trust
Hillary, J.	Complaints and Customer Relations Manager
Nugent, D.	Healthwatch Northumberland
Pattison, W.	Cabinet Member for Adults' Wellbeing
Todd, A.	Democratic Services Officer
Weatherhead, M.	Northumbria Healthcare NHS Foundation Trust

1 Member of the press was also in attendance.

30. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors V. Jones, C. Humphrey and R. Wilczek.

31. MINUTES

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 6 September 2022, as circulated, be confirmed as a true record and signed by the Chair.

32. 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.

33. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 11 August 2022 be noted.

34. POST COVID PATHWAYS AND ACTIVITY IN NORTHUMBERLAND

A. Blair, Executive Medical Director, Mark Weatherhead, Consultant (Medicine), and A. Bell, Senior Head of Commissioning for Northumberland Place gave a presentation from Primary and Secondary care bodies outlining the support and pathways available for people dealing with post Covid. (A copy of the presentation slides has been filed with the signed minutes).

The presentation covered the following issues:

- Analysis of post Covid clinic contacts per month compared to North Tyneside.
- The age profile of referred patients in Northumberland compared to those in North Tyneside and North East and North Cumbria.
- Average age of post Covid clinic referrals compared to those in North Tyneside and North East and North Cumbria.
- The deprivation profile of the referred cohort within Northumberland.
- There was no definitive test for past Covid infection with 205 symptoms associated with 'long' Covid.
- Post Covid seemed to affect more women than men and mainly those aged between 30-50 years old.
- Post Covid was not linked to the severity of initial infection.
- The emphasis on listening, believing and excluding other causes before diagnosing post Covid.
- Numbers affected over time. 21% of Covid swab positive patients had symptoms at 5 weeks and 14% of Covid swab positive patients had symptoms at 12 weeks.
- The largest group of long Covid sufferers reported symptoms such as fatigue, 'brain-fog' and headache.
- A second group experienced respiratory symptoms such as chest pain and severe shortness of breath. These symptoms were the most common in the early stages of the pandemic, before widespread vaccination.
- A third, smaller group experienced a diverse range of symptoms including heart palpitations, muscle ache and pain, and changes in skin and hair.
- Management of long Covid was similar to chronic fatigue syndrome.

- Initial estimates suggested 2-5% of all positive patients had long Covid. Later versions of Covid-Omicron etc. appeared to have generated fewer case of long Covid.
- Nationally there were 70,000 patients whose symptoms had lasted over one year which would equate to around 540 patients across Northumberland and North Tyneside.
- Information on post Covid clinics was available. The clinics had the ability to refer onwards to community and hospital based psychology services and a dedicated psychologist in post.
- Details on the physiotherapy intervention offered to patients.
- Post Covid services available regionally and the limited funding in place for this provision.

Discussion followed of which responses from officers were:

- Post Covid clinics offered reassurance and advice. They offered signposting to self help, physiotherapy and psychology support.
- There were no proven specific medical treatments for Post Covid syndrome at present. Time, rest and pacing was most important.
- There was evidence that being fully vaccinated reduced the risk of developing long Covid. It reduced the risk of catching Covid in the first place but there was also evidence that being vaccinated reduced the risk of developing long Covid should you catch Covid. Later versions of Covid-Omicron appeared to have generated fewer cases of long Covid.
- Confirmation that long Covid and ME did mirror similar symptoms and both were initiated by infection. The management of both was also similar.
- The data on post Covid clinic referrals in relation to deprivation was not linked to areas of the county of higher population. Work could be carried out to look at referrals broken down by urban/rural data to examine the findings.
- Weakened immune systems could put a person at a higher risk of illness.
- The signposting of services represented a number of methods used for post Covid patients. There was a vast amount of information and resources available online, available at clinics, through GPs and individual interventions. However, accessing services was linked to motivation and belief that alternative therapies could help with long Covid. Not every patient would be referred to a clinic, but it was hoped everyone would be informed and be able to access available help and resources.
- Confirmation that the Trust continued to monitor mortality rates, but Northumberland was not showing an increase. However, the winter season was starting, and it was predicted that flu would be high this year.
- Communications and education had been provided to health professionals. Patients should not have any difficulty being signposted to resources and services. If this was not happening officers could pick this up by carrying out some targeted work.

RESOLVED that the presentation and information provided be noted.

35. HOME CARE AND CARE HOMES

M. Dickson, Executive Director of Nursing, Midwifery and AHPs and Community Services and G. Finn, Operational Services Manager Home Care gave a presentation from Northumbria Healthcare on their Home Care in Northumberland Strategy. (A copy of the powerpoint slides has been filed with the signed minutes).

The presentation informed Members about Care Northumbria and included:-

- Care Northumbria was a new domiciliary care service that would offer support with personal care to people in their own homes.
- Care Northumbria would be commissioned to provide services in both Northumberland and North Tyneside, allocated work through usual local authority pathways.
- It would support people to return home with care as needed when they were ready to leave hospital.
- It would support patients, families and carers to receive high quality packages of care at home that met their needs.
- It would support local authority and care provider market gaps within Northumberland and North Tyneside.
- It was advised that across both local authority areas there were substantial gaps in availability of care provision. People were often in hospital awaiting care packages or placed in a step down facility while they awaited care at home. Care Northumbria would support people home at speed and with good quality care.
- The sector was under pressure, and it had been decided that the NHS would enter the market to deliver high quality care and give value back to the caring role in which morale had been severely damaged.
- The opportunity felt right for the Trust to move into this area and deliver personal care and elevate the standards across the system for those who needed it.
- The development of Care Northumbria had begun. Personal care had been added to Northumbria Healthcare Foundation Trust's Care Quality Commission (CQC) registration. A registered manager was in post and the structure for Care Northumbria service agreed. Phased recruitment was in progress with an induction and training programme in place. A communication strategy was also now in place.
- There were some hurdles to overcome while establishing Care Northumbria. It was a new area of work for the Trust. There was likely to be some disruption, but it was hoped enough support would be in place to ensure the existing provision was not destabilised or threatened.
- Confirmation that the staff would be employed on NHS terms and conditions and would be part of the broader organisation.
- Staff would be receiving payment at prevailing market rates.
- It was an exciting new innovative way of delivering care and provision at home.

Members made a number of comments, and responses included:

- The risk that the NHS would pay high wages that other providers could not match. It was confirmed that staff costings had been modelled after looking at other providers salary and had linked pay using this information. It was

stated that because of this costing, Care Northumberland staff would not receive a higher level of pay compared to local authority carers or private providers.

- Confirmation that Care Northumbria would cover the whole of Northumberland. It was currently being phased in starting with North Tyneside first before starting in the west of Northumberland. Work had taken place with the Council to establish where there were pressure areas were, which was why the west of the county would be first. It was hoped that by starting the new service in stages it would help to stop any disruption of existing provision.
- It was asked if recruitment for Care Northumbria would be from existing NHS staff. It was reported that recruitment had went out through the normal recruitment channels so both internal and external people could apply for posts. Analysis work had taken place to examine where people who had been applying for post had previously been employed to ensure service provision within the county was not undermined. It was advised that the data was showing that carers who had felt devalued and had left the sector were applying for these new roles.
- Confirmation that the service would be commissioned. It was stated that Care Northumbria would be applying to be on the local authority's providers list.
- There was a national issue regarding recruitment across a number of sectors. It was asked if the NHS was struggling to recruit staff to Care Northumbria. It was confirmed that there had been a few issues however the recruitment drive had centred on promoting career pathways, opportunities for people to move onto more senior roles and a route into the wider NHS. The Trust had a participation strategy which developed programmes that offered work experience, apprenticeships and helped attract school leavers to jobs within the NHS to further help with overall recruitment within the NHS.
- Concern by Members that by growing the capacity of the new service it could have a detrimental impact on other providers within the sector.
- Acknowledgment that there could be some disruption, but they were not seeing a high number of staff leaving one single provider to join Care Northumbria.
- It was confirmed that there would be 250 staff which would be aligned to the primary care networks.
- Confirmation that Care Northumbria would offer long term packages of care which would be adjusted as needs changed. The service was not solely focused on hospital discharge and would be available to all, along with other providers.
- Members agreed that they should be kept updated with developments on this new provision for Northumberland.

In conclusion, the Chair stated that Northumberland County Council officers had raised concerns about this new area of work with the Trust. The worry was that it could destabilise and threaten the existing market. However, officers and Members hoped to continue to work with the NHS in the future.

RESOLVED that the information and comments made be noted.

36. COMPLAINTS ANNUAL REPORT 2021-22: ADULT SOCIAL CARE AND CONTINUING HEALTH CARE SERVICES

Members were provided with the 'Complaints Annual Report' report which covered adult social care and the NHS responsibilities for continuing health care and related services which the Council delivered under a partnership arrangement with Northumberland Clinical Commissioning Group. (A copy of the report has been filed with the signed minutes).

J. Hillary, Complaints and Customer Relations Manager introduced the report which described what people had said about adult social care services in Northumberland and what had been learned as a consequence during 2021/22. The report also described what people had said about NHS continuing healthcare funded by Northumberland Clinical Commissioning Group and about supporting people in their own home or in a care home.

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

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

Overall, and despite the challenges of lockdown and increased home working, it had been a positive year for Adult Services with many compliments received and enquiries dealt with at an early stage. The service had successfully resolved most of the issues raised locally. However, the service would continue to speak to people to hear their views and take their concerns very seriously. Officers were committed to improving services and continued to receive support from staff and managers throughout the organisation.

Councillor Pattison, Cabinet Member for Adults' Wellbeing, thanked officers for the detailed report and spoke about the small number of complaints received. It was confirmed that there were over 7000 service users, around 2000 carers and over 5000 packages of care, but the service only received 50 complaints within the last year.

N. Bradley, Director of Adult Social Services responded to a question regarding training and learning. It was confirmed that the service continued to learn lessons, to make changes to improve things for individuals and their families, and to draw on what was learnt to improve services more generally. Feedback received from complaints was a key tool for the service in improving services and procedures for all.

Members were advised of the complaints' procedure. It was stated that most complaints were carried out by family members. If a third party was to be involved, then there would need to be authorisation from the client to share data. Complaints received were quite small in number and there had not been a claim being awarded for many years. Any complaints submitted were acted upon. It was recognised that sometimes things could go wrong but measures were always then put in place to ensure incidents were not repeated.

Members were advised that charging of services was the most contentious. N. Bradley commented on his view that the newly created Care Northumbria could cause confusion for members of the public. Public would see NHS staff delivering a service, but it would not be free. He stated that a detailed and full communication drive by the Trust would be needed to ensure there was no misunderstanding.

It was confirmed that Northumberland officers were trained to deal with charging issues however it was very complex. Charging for care information sheets were available to residents to help explain how care was charged but these could also be difficult to understand. The cost of living crisis would also have an impact both on users and the service, but it was too early to say by how much. He stated that he could share copies of the information sheets with Members for them to see the complexity of the documents.

It was advised that the government was introducing a new adult social care charging framework from October 2023 which would fundamentally change the way people pay for their care and support. It was hoped the reform would make sure that people no longer faced unpredictable or unlimited care costs.

Members along with D. Nugent, from Northumberland Healthwatch welcomed the honest report and felt reassured that there was an approach to listening and respecting all feedback offered, valuing each individual's perspective on the care they received, and resolving issues raised by people in Northumberland.

RESOLVED that the report be received.

37. 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).

Members suggested the following be added to the work programme:

- Home Care update
- Ambulance update

RESOLVED that the work programme be noted.

38. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Thursday, 3 November 2022 at 1:00 p.m.

CHAIR _____

DATE _____