

## NORTHUMBERLAND COUNTY COUNCIL

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 1 March 2022 at 1.00 p.m.

#### PRESENT

Councillor V. Jones  
(Chair, in the Chair)

#### MEMBERS

Bowman, L.	Hunter, I.
Dodd, R.R	Nisbet, K.
Hardy, C. (part)	Wilczek, R.
Hill, G.	

#### ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bell, A.	Senior Head of Commissioning, Northumberland CCG
Mitcheson, R.	Service Director Transformation and Integrated Care, CCG
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adults' Wellbeing
Seymour, C.	Deputy Cabinet Member for Adults' Wellbeing
Stewart, A.	GP Lead
Todd, A.	Democratic Services Officer

#### 58. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D. Ferguson and C. Humphrey.

#### 59. FORWARD PLAN OF CABINET DECISIONS

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

#### 60. Northumberland Palliative Care and End of Life Strategy

Members received a presentation from Alan Bell (Senior Head of Commissioning, Northumberland CCG) and Andrew Stewart (GP Lead) following the revision of the end of life strategy. (A copy of the presentation and draft narrative and draft end of life booklet have been filed with the signed minutes).

It was reported that in 2019, Northumberland County Council Overview and Scrutiny Committee (OSC) tasked Northumberland Clinical Commissioning Group (NCCG) to develop a county wide strategy for palliative and end of life care for all the residents of Northumberland.

The draft vision was for residents of Northumberland to have a good death and to die with dignity through:

- having honest conversations with professionals that provided enough information to make timely decisions.
- accessing the highest quality services for themselves, their families, loved ones and carers wherever they lived.
- feeling comfortable and free from distress.
- being supported by “one” team seven days a week, day and night.
- having staff who were compassionate and highly skilled in communicating and delivering care.
- living in a community which was supportive, willing to discuss death and dying, and offered practical help.

It was stated that for the strategy to truly deliver on the vision it must be system wide, working across health and social care and the voluntary and charitable sector, encompassing care in hospitals, hospices, the community and residents own homes. It also needed to engage with the residents of Northumberland and ensure hard to reach groups had equitable access to high quality palliative and end of life care.

The presentation covered the following:-

- The approach to be taken to refresh the Palliative Care and End of Life Strategy which included the introduction of “Our Community Commitment”, an information Booklet and supporting materials launched across a range of accessible platforms and the use of Death Café toolkit.
- The wide variety of data with support from Public Health teams at Northumbria Healthcare FT and Northumberland County Council available to help aid the strategy. There would also be available an interactive software ‘Tableau’ to drill down into the available data sources.
- The engagement process and communication approach including a communication plan to support the rollout of the strategy and encourage support through ‘Our Community Commitment’.
- The priorities of the strategy and how to take forward these ambitions.
- A plan on how to deliver the strategy.
- The establishment of a Monitoring Group to ensure high quality care continued.

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

- Healthwatch welcomed the opportunity to be involved in the engagement process. The plans in place to take forward priorities reflected the views made within the focus groups.
- Discussion about a recently published report which stated that sometimes hospital patients were moved to make statistics fit rather than meet patient preferences. In response it was stated that when any patient approached end of life then their preferences should be paramount whether that was care in hospital, out in the community or within their home. It was asked if the report could be forwarded to A. Bell as he had not seen the publication so could not respond to any of the statements contained within.
- The approach to present a clear and easy to understand way to access Northumberland's Palliative Care and End of Life strategy was welcomed.
- The need to remove the perceived taboo around discussing death and end of life to allow open discussions about what was expected and required.
- Clarification was provided regarding the Death Café which had received positive feedback from those accessing this service across the country.
- The need to understand the full End of Life pathway and appreciate peoples' preferences at End of Life.
- Gaps in service provision needed to be addressed to ensure peoples' wishes could be met.
- It was noted that Northumberland had a particularly active voluntary and community sector which worked very much in partnership with palliative care services.
- There was limited palliative care options in Berwick. If patients were in NSECH in Cramlington it was difficult for local family to visit due to the distance and poor transport links to the hospital. In response it was confirmed that the aim would be to have care as close to home as possible but there were sometimes issues around access to appropriate beds, which would hopefully be improved through the strategy.
- Confirmation that although there was provision during the week between certain times to contact health professionals or to seek support and care for patients there was currently no 24/7 service available. However, it was noted that this had been flagged as an issue.
- The need to encourage conversations about what constituted as a good death and share this with loved ones as well as care providers.
- A good death should be free of pain, dignified, in the place of one's choosing and with family, friends and loved ones nearby.
- If a resident chooses to die within hospital, they should be able to choose to do so in a private room if they wished.
- A hope that in the near future initiatives such as care villages could be developed in the county.
- A thank you to everyone who had been involved in developing the strategy.

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

Ch.'s Initials.....

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## **61. Social Care at Home – Northumbria Healthcare**

Members were advised that this item had been withdrawn from the agenda. It was hoped that it would be considered at a future meeting but in the meantime any questions/queries Members had would be forwarded onto Northumbria Healthcare to answer.

Members were asked to send all questions to C. Angus, Scrutiny Officer who would arrange for responses to be sought. A request was made for Members to receive a copy of all the responses received back from Northumberland Healthcare.

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

### **(a) Health and Wellbeing OSC Work Programme 2021/22**

The Committee reviewed its work programme for the 2021/22 council year.

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

### **(b) Health and Wellbeing OSC Work Programme 2022/23**

The Committee considered the draft work programme for the Health and Wellbeing OSC for 2022/23.

Members made several suggestions of topics they may want to examine in more detail during 2022/23, including: -

- NHS Partnership Agreement review
- 0-19 Public Health
- Fuel Poverty
- Food Poverty
- Male Mental Health
- Restructure of Adult Care
- Impact following the conflict in Ukraine
- Anti-social behaviour
- Substance abuse
- Youth issues
- Life after COVID and how this had changed peoples' health and wellbeing
- Tobacco Smoking and E-Cigarettes
- Housing Strategy including plans for extra care villages, long term housing for older people and deprivation of housing stock

It was advised that any further possible topics for consideration should be forwarded to C. Angus, Scrutiny Officer.

**RESOLVED** that the information be noted.

Ch.'s Initials.....

*Health & Wellbeing OSC, 1 March 2022*

**63. DATE OF NEXT MEETING**

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

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

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